

# HEALTH BENEFITS INFORMING PACKET

**PLEASE KEEP THIS PACKET**

Read these forms carefully and keep them for information.

If you would like more information or a referral for other services, please call the Customer Service Center at 1-877-652-0731.

The County of Shasta does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services or activities. The County does not discriminate on the basis of disability in its hiring or employment practices.

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## Medi-Cal Information for Applicants

Welcome to Medi-Cal!

You are receiving the enclosed information because the application you submitted for affordable health coverage has been sent to the Medi-Cal program. Your Medi-Cal eligibility determination is either pending with Medi-Cal, or your application has already been processed. You will get a separate notice about your Medi-Cal eligibility.

Medi-Cal is required to provide these materials to persons who apply for health coverage. You are not required to return any of these materials to be eligible for Medi-Cal. The materials in this packet will provide you with information about Medi-Cal and your rights as a Medi-Cal beneficiary. Please make sure to carefully review all documents enclosed in this packet. If you have any questions, contact your local county social services office, which can be found at: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (English)

¡Bienvenido a Medi-Cal!

Está recibiendo la información adjunta porque la solicitud que presentó para la cobertura de salud asequible ha sido enviada al programa de Medi-Cal. Su determinación de elegibilidad para Medi-Cal está pendiente en Medi-Cal, o su solicitud ya ha sido procesada. Recibirá un aviso separado sobre su elegibilidad para Medi-Cal.

Medi-Cal está obligado a proporcionar estos materiales a las personas que solicitan la cobertura de salud. No es necesario que devuelva ninguno de estos materiales para tener derecho a recibir Medi-Cal. Los materiales en este paquete le proporcionan información sobre Medi-Cal y sus derechos como beneficiario de Medi-Cal. Asegúrese de revisar detenidamente todos los documentos incluidos en este paquete. Si tiene alguna pregunta, comuníquese con la oficina local de servicios sociales de su condado, la cual puede encontrar en: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Spanish)

مرحباً بك في Medi-Cal!

تتلقى المعلومات المرفقة لأن الطلب الذي تقدمت به للحصول على تغطية صحية ميسورة التكلفة تم إرساله إلى برنامج Medi-Cal. إن تحديد استحقاقك لبرنامج Medi-Cal يخضع للدراسة حالياً من قبل Medi-Cal أو أنه تم النظر بالفعل في طلبك. سوف تتلقى إخطاراً منفصلاً بشأن استحقاقك لبرنامج Medi-Cal.

على Medi-Cal تقديم هذه المواد إلى الأشخاص الذين يتقدمون للحصول على تغطية صحية. لست مطالباً بإعادة أي من هذه المواد حتى تكون مؤهلاً لبرنامج Medi-Cal. سوف تزودك المواد المدرجة في هذه الحزمة بمعلومات حول Medi-Cal وحقوقك كمستفيد من Medi-Cal. يرجى التأكد من مراجعة جميع المستندات المرفقة بهذه الحزمة بعناية. إذا كانت لديك أية أسئلة، فيرجى الاتصال بمكتب الخدمات المحلي في المقاطعة، والذي يمكنك العثور عليه على: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Arabic)

Գործ ստանում եք կից տեղեկությունները, քանի որ առողջության մատչելի ապահովագրության համար Ձեր ներկայացրած դիմումն ուղարկվել է «Medi-Cal» ծրագրին: «Medi-Cal»-ը կան ուսումնասիրում է «Medi-Cal»-ի Ձեր իրավասությունը, կան արդեն ավարտել է Ձեր դիմումի մայումը: Դուք առանձին նամակ կստանաք «Medi-Cal»-ի Ձեր իրավասություն վերաբերյալ:

«Medi-Cal»-ը պարտավոր է այս նյութերն ուղարկել այն անձանց, որոնք դիմում են առողջության ապահովագրության համար: «Medi-Cal»-ի իրավասության համար Ձեզանից չի պահանջվում վերադարձնել այս նյութերից որևէ մեկը: Այս փաթեթում պարունակվող նյութերը տեղեկություններ են պարունակում «Medi-Cal»-ի և որպես «Medi-Cal»-ի նպաստառու՝ Ձեր իրավունքների մասին: Խնդրում ենք ուշադրությամբ ծանոթանալ այս փաթեթում պարունակվող բոլոր փաստաթղթերին: Հարցերի դեպքում դիմեք Ձեր շրջանի սոցիալական ծառայությունների գրասենյակ, որը կարելի է գտնել հետևյալ հասցեում. [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Armenian)

### ស្វាគមន៍មកកាន់ Medi-Cal!

លោកអ្នកកំពុងទទួលបានព័ត៌មានដែលមានភ្ជាប់ជាមួយ ដោយសារតែពាក្យសុំដែលលោកអ្នកបានដាក់ជូនសម្រាប់ការធានារ៉ាប់រងសុខភាពល្អមួយនឹងបង់ថ្លៃបាន ត្រូវបានបញ្ជូនទៅកាន់កម្មវិធី Medi-Cal។ ការកំណត់សិទ្ធិចូលរួម Medi-Cal របស់លោកអ្នក គឺមិនទាន់សម្រេចជាមួយ Medi-Cal ឬក៏ពាក្យសុំរបស់លោកអ្នកត្រូវបានដំណើរការរួចរាល់ហើយ។ លោកអ្នកនឹងទទួលបានសេចក្តីជូនដំណឹងមួយផ្សេងទៀត អំពីសិទ្ធិចូលរួម Medi-Cal របស់លោកអ្នក។

Medi-Cal តម្រូវឱ្យផ្តល់ឯកសារទាំងនេះ ដល់បុគ្គលទាំងឡាយណាដែលដាក់ពាក្យសុំការធានារ៉ាប់រងសុខភាព។ លោកអ្នកមិនត្រូវបានតម្រូវឱ្យធ្វើត្រឡប់មកវិញនូវឯកសារទាំងនេះឡើយ ដើម្បីមានសិទ្ធិចូលរួម Medi-Cal។ ឯកសារនៅក្នុងស្រោមសំបុត្រនេះ នឹងផ្តល់ឱ្យលោកអ្នកនូវព័ត៌មានអំពី Medi-Cal និងសិទ្ធិរបស់លោកអ្នក ក្នុងនាមជាអ្នកទទួលបានអត្ថប្រយោជន៍ Medi-Cal។ សូមប្រាកដថា លោកអ្នកពិនិត្យដោយប្រុងប្រយ័ត្ននូវឯកសារទាំងអស់ ដែលមានភ្ជាប់ជាមួយនៅក្នុងស្រោមសំបុត្រនេះ។ បើលោកអ្នកមានសំណួរ សូមទាក់ទងការិយាល័យសេវាកម្មសង្គមកិច្ចខោនធី តាមតំបន់របស់លោកអ្នក ដែលអាចរកឃើញនៅ៖

[www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Cambodian)

### 歡迎加入到Medi-Cal !

您現在收到隨附的資訊是因為您遞交的平價保健福利的申請已被交給Medi-Cal計畫。Medi-Cal正在審核您的Medi-Cal資格，抑或已經受理了您的申請。您將另外收到一份有關您Medi-Cal資格性的通知。

Medi-Cal 必須向申請保健福利的人提供這些資料。您不需要為了能享受Medi-Cal而將這些資料中的任何部分寄還給我們。本資料包內的資料將為您提供有關Medi-Cal的資訊以及您作為Medi-Cal受益人而享有的權利。請務必仔細查閱本資料包內隨附的所有文檔。如果您有任何疑問，請跟您的資格管理人員聯繫。或者跟您當地的縣社會服務辦公室聯繫，縣社會服務辦公室聯繫資訊可在

[www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx)找到。(Chinese)

### به Medi-Cal خوش آمدید!

این اطلاعات به شما ارسال می شود زیرا فرم تقاضایی که برای پوشش ارزیابی بهداشتی ارسال کرده بودید به برنامه Medi-Cal ارسال شده است. تعیین صلاحیت بر خورداری از Medi-Cal شما یا در وضعیت بررسی از سوی Medi-Cal قرار دارد یا به فرم تقاضای شما رسیدگی شده است. اطلاعیه جداگانه ای در مورد صلاحیت بر خورداری از Medi-Cal به شما ارسال خواهد شد.

Medi-Cal ملزم است این اطلاعات را برای افرادی که برای پوشش بهداشتی تقاضا ارسال می کنند فراهم نماید. برای داشتن صلاحیت بر خورداری از Medi-Cal ملزم به ارسال هیچیک از این مطالب نیستید. مطالب این بسته در مورد Medi-Cal و حقوق شما به عنوان ذینفع Medi-Cal به شما اطلاعات ارائه می دهند. لطفاً اطمینان کسب کنید که تمامی مطالب ضمیمه شده در این بسته را به دقت مطالعه کرده اید. اگر سوآلی دارید، با دفتر محلی خدمات اجتماعی خود تماس بگیرید، که می توان در وبسایت ذیل یافت:

(Farsi) [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx)

### Zoo siab txais tos koj rau ntawm Medi-Cal!

Koj tau txais cov ntaub ntawv uas nrog nov vim tias daim ntawv thov ntawv kho mob pheej yig uas koj tau xa tuaj ntawd tau muab xa mus rau tom Medi-Cal qhov kev pab cuam lawm. Kev txiav txim seb koj puas tsim nyog rau Medi-Cal mas tej zaum tseem tab tom xyuas tom Medi-Cal, los sis twb tau lis koj daim ntawv thov kev pab lawm. Koj yuav tau txais ib tsab ntawv qhia txog seb koj puas tsim nyog rau Medi-Cal.

Medi-Cal yuav tsum tau muab cov ntaub ntawv no rau cov neeg uas thov ntawv kho mob. Koj tsis tas yuav xa cov ntaub ntawv no rov qab kom thiaj li tsim nyog rau Medi-Cal. Cov ntaub ntawv hauv pob ntawv no yuav qhia rau koj txog Medi-Cal thiab koj cov cai ua ib tug neeg tau kev pab los ntawm Medi-Cal. Thov ua tib zoo saib tag nrho cov ntaub ntawv nyob hauv pob ntawv no. Yog tias koj muaj lus nug, nug tau koj lub nras lub chav fai muab kev pab neeg, uas yuav nrhiav tau nyob rau ntawm: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Hmong)

## Medi-Cal에 오신 것을 환영합니다!

귀하는, 어포더블 건강보험을 위해 귀하가 제출하신 신청서가 Medi-Cal 프로그램에 발송되었기 때문에 동봉해 드린 정보를 받고 계십니다. 귀하의 Medi-Cal 자격 결정이 Medi-Cal에서 대기 중이거나 귀하의 신청에 대한 처리가 이미 진행되고 있습니다. 귀하는 귀하의 Medi-Cal 자격 여부에 대해서 별도의 통지를 받으시게 됩니다.

Medi-Cal은 건강보험을 신청하는 분에게 이 자료를 보내드리도록 되어 있습니다. 어느 것이든, Medi-Cal 자격을 위해 이 자료를 제출하실 필요는 없습니다. 이 팩킷의 자료에서 Medi-Cal에 대한 정보와 Medi-Cal 수혜자로서의 귀하의 권리에 대한 정보를 알려드립니다. 이 팩킷에 동봉된 모든 자료를 잘 읽어주시고, 질문이 있으시면 귀하 지역의 카운티 사회복지사무소에 연락하십시오. 사회복지사무소는 다음 링크에서 찾아볼 수 있습니다: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Korean)

## Добро пожаловать в Medi-Cal!

Вы получили прилагаемые документы, поскольку Ваше заявление на получение доступного медицинского страхового покрытия было отправлено в программу Medi-Cal. Заявка на участие в программе Medi-Cal или уже рассмотрена, или ожидает решения на предмет Вашего соответствия требованиям программы Medi-Cal. Уведомление о том, имеете ли Вы право на страховку Medi-Cal, Вы получите отдельно.

Каждому, кто подает заявление на получение медицинского страхового покрытия, программа Medi-Cal обязана предоставить данные материалы. Вам не нужно их возвращать, чтобы получить право на участие в программе Medi-Cal. В данном комплекте Вы найдете информацию о программе Medi-Cal и о своих правах в качестве участника программы Medi-Cal. Просим внимательно ознакомиться со всеми прилагаемыми документами. Если у Вас возникнут вопросы, обратитесь в местный окружной отдел социального обеспечения. Его можно найти через веб-сайт: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Russian)

## Malugod na pagdating sa Medi-Cal!

Natatanggap mo ang nakalakip na impormasyon dahil ang isinumite mong aplikasyon para sa abot-kayang coverage sa kalusugan ay naipadala sa programang Medi-Cal. Ang pagpapasya sa pagiging nararapat mo sa Medi-Cal ay maaaring nakabinbin sa Medi-Cal, o ang aplikasyon mo ay naproseso na. Makakatanggap ka ng hiwalay na abiso tungkol sa pagiging nararapat mo sa Medi-Cal.

Inaatasan ang Medi-Cal na ilaan ang mga materyales na ito sa mga taong nag-a-apply para sa coverage sa kalusugan. Hindi mo kailangang isauli ang anumang materyales na ito para maging eligible sa Medi-Cal. Ang materyales sa paketeng ito ay magbibigay sa iyo ng impormasyon tungkol sa Medi-Cal at sa mga karapatan mo bilang benepisyaryo ng Medi-Cal. Pakitiyak na maingat na i-review ang lahat ng mga dokumentong nakalakip sa paketeng ito. Kung mayroon kang anumang mga tanong, makipag-ugnayan sa lokal mong opisina ng social services ng county na mahahanap sa: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Tagalog)

## Chào mừng quý vị đến với Medi-Cal!

Quý vị nhận được thông tin kèm theo vì đơn xin bảo hiểm sức khỏe hợp túi tiền của quý vị đã được gửi tới cho chương trình Medi-Cal. Tình trạng hội đủ điều kiện nhận Medi-Cal của quý vị hiện đang chờ Medi-Cal quyết định, hoặc đơn xin của quý vị hiện đã được giải quyết. Quý vị sẽ nhận được thông báo riêng về tình trạng hội đủ điều kiện nhận Medi-Cal của quý vị.

Medi-Cal bắt buộc phải cung cấp các tài liệu này cho những người nộp đơn xin bảo hiểm sức khỏe. Quý vị không bắt buộc phải gửi lại bất kỳ tài liệu nào trong số này mới hội đủ điều kiện nhận Medi-Cal. Các tài liệu trong tập hồ sơ này sẽ cung cấp cho quý vị thông tin về Medi-Cal và các quyền của quý vị với tư cách là người hưởng phúc lợi Medi-Cal. Vui lòng xem kỹ tất cả các tài liệu kèm theo trong tập hồ sơ này. Nếu quý vị có thắc mắc, liên lạc với văn phòng ty xã hội quận tại địa phương quý vị, địa chỉ có trên: [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) (Vietnamese)



WILL LIGHTBOURNE  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

Dear Medi-Cal Beneficiary:

**Notice: Medi-Cal beneficiaries will receive IRS Form 1095-B.**

The Affordable Care Act (ACA) requires most people to have health coverage that meets certain minimum standards, also called minimum essential coverage (MEC). California Senate Bill 78, chaptered into law in 2019, also requires most California residents to have MEC or pay a penalty to the state. These laws requiring health care coverage are also referred to as the “Individual Mandate” or the “Health Care Mandate”. MEC includes individual market policies, job-based coverage, Medicare, Medi-Cal, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs), Covered California plans, TRICARE, and certain other coverage. Most Medi-Cal coverage is considered MEC.

As a result, the Department of Health Care Services (DHCS) will issue Internal Revenue Service (IRS) Tax Form 1095-B (Form 1095-B) to all Medi-Cal beneficiaries by January 31<sup>st</sup> of each year. The Form 1095-B will show your Medi-Cal coverage and can be used to verify that you had MEC during the previous calendar year. You can use this information to complete your state and/or federal income tax returns. DHCS will also send this information to the IRS and the Franchise Tax Board (FTB).

DHCS will issue one Form 1095-B to every adult or child who received Medi-Cal during the previous calendar year. This means you may receive multiple forms if other people in your family are also covered under Medi-Cal or Covered California.

If you receive Medi-Cal or CalWORKs through the county, please contact your county human services agency to report changes to your address, income, or family size to ensure your Form 1095-B contains the correct information. To find contact information for your county human services agency, please visit DHCS’ County Offices webpage at: <http://dhcs.ca.gov/COL>.

**Important for SSI recipients:** If your Medi-Cal is provided through SSI, please contact the Social Security Administration at <https://secure.ssa.gov/ICON/main.jsp> to report any changes. Failure to report changes may result in delays and inaccurate information on your Form 1095-B.

If you have any questions about this notice, or if you need additional information regarding Form 1095-B, visit DHCS’ Form 1095-B website: <http://dhcs.ca.gov/1095> or call the Medi-Cal 1095-B Helpline at 1-844-253-0883 or TTY: 1-844-357-5709.

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KEEP THIS FOR YOUR RECORDS

# What you need to know when you apply for and enroll in Medi-Cal

## When I apply for Medi-Cal, how will my information be used?

County social services offices and/or Covered California will ask for personal information about you to decide if you, or a person you are responsible for, qualify for Medi-Cal benefits. You must give this personal information to get Medi-Cal benefits.

The personal information gathered about you may be used in the following ways:

- By Covered California and the county social services office to find out if you are eligible for Medi-Cal or enrollment into Covered California.
- By the State’s administrative vendors to process claims and/or premium payments and to issue Benefits Identification Cards (BICs).
- By the United States Department of Health and Human Services for audits and quality control reviews and to verify Social Security Numbers (SSNs).
- To verify immigration status with the Department of Homeland Security (DHS), if required. Information shared with DHS cannot be used for immigration enforcement unless you are committing fraud.
- By medical services providers and Health Maintenance Organizations (HMOs) to confirm that you qualify for services.
- To identify other health insurance coverage and to recover costs when necessary. In other ways, but only if required by law.



To read about your privacy rights and Medi-Cal, see the Department of Health Care Services Notice of Privacy Practices. You can find it at:  
[www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx](http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx)

## What are my rights when I apply for Medi-Cal?

1. You have a right to fair and equal treatment regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, marital status, political beliefs, veteran’s status or disability.

You have a right to file a complaint if you think that the Medi-Cal program has discriminated against you or has failed to provide the reasonable accommodations required by state and federal law.

You can make a complaint by calling the Department of Health Care Services (DHCS), Office of Civil Rights at 1-916-440-7370 (TTY: 1-916-440-7399) or by going online at: [www.dhcs.ca.gov/Documents/ADA\\_Title\\_VI\\_Discrimination\\_Complaint\\_Form.docx](http://www.dhcs.ca.gov/Documents/ADA_Title_VI_Discrimination_Complaint_Form.docx)



2. You have the right to be evaluated to see if you may be eligible for any Medi-Cal program.
3. You have the right to information about the Medi-Cal program and help applying for Medi-Cal.
4. You have a right to an interpreter if you need help applying for Medi-Cal, have questions, or have difficulty speaking, reading or understanding English.
5. You have a right to a face-to-face interview with a county social services worker.
6. If you think you are disabled, you can ask that Medi-Cal review your application to see if you qualify for coverage for disabled persons.
7. If you received health services in the three months before the month of your application, you have a right to be evaluated to see if you are eligible for Medi-Cal to pay for those services. This is called *retroactive eligibility*. Contact your county social services office to find out more or ask for retroactive eligibility.
8. You have a right to be told in writing whether you qualify for Medi-Cal or whether there are any changes to your eligibility status.
9. You have a right to have all the information you give to the county social services office or Covered California kept confidential. You can look at the personal information during your county social service office's regular office hours.
10. You have a right to an "immediate need" Medi-Cal card if you are eligible and have a medical emergency or you are pregnant.
11. You have a right to get Medi-Cal while waiting for your immigration status to be verified, if you meet all other eligibility requirements.
12. You have a right to choose the Medi-Cal health plan you want if there is more than one Medi-Cal plan offered in your county of residence.
13. By giving Medi-Cal past medical bills that you still owe, you can lower your Share Of Cost (SOC), if any. For more information about SOC, please contact your county social services office.
14. If your property counts toward qualifying for Medi-Cal benefits, you have the right to reduce your property to meet the Medi-Cal property limit by the last day of the month that you applied for Medi-Cal. The county social services worker can tell you more information about the property limit and meeting property requirements.
15. If you, or your spouse, enter a long-term-care facility on or after January 1, 1990, you and your spouse have the right to be told by the Medi-Cal program the amount of separate and community property you can keep and still be eligible for Medi-Cal.
16. You have a right to a state hearing if your application for Medi-Cal benefits has not been timely determined. Medi-Cal is required to determine your eligibility within 45 days of the date of your application, or 90 days if the basis of your eligibility is a disability, unless you have been asked to provide additional information and have not yet done so.



- If you want a state hearing on the timeliness of your Medi-Cal eligibility determination, you must ask for it. You may ask for a hearing on the timeliness of your Medi-Cal eligibility determination any time after the 45th or 90th day has passed.
  - You can ask for a hearing by
    - 1) contacting your nearest county social services office; 2) calling the Department of Social Services at 1-855-795-0634 or TDD 1-800-952-8349; or 3) making the request in writing to your county social services office. You may complete the back section on a Notice of Action (form NA Back 9) to request a hearing and send the form, or other written request, to your nearest county social services office. The form is available through your county social services office or at [www.dss.cahwnet.gov/Forms/English/NABACK9.PDF](http://www.dss.cahwnet.gov/Forms/English/NABACK9.PDF).
17. You have a right to a state hearing if you are not satisfied with decision by the local county social services office, DHCS, or Covered California, except relating to the Health Insurance Premium Payment (HIPP) program. HIPP is not an entitlement program; therefore, there are no appeal rights for HIPP.
- If you want a state hearing to appeal the decision, you must ask for it within **90 days** of the date the Notice of Action (NOA) was given or mailed to you.
  - If you do not get a NOA, you must ask for a hearing within **90 days** from the date you discovered the action or inaction you are not satisfied with unless the inaction is due to a delay in determining your application for Medi-Cal benefits.
- You can ask for a hearing by
    - 1) contacting your nearest county social services office; 2) calling the Department of Social Services at 1-855-795-0634 or TDD 1-800-952-8349; or 3) making the request in writing to your county social services office. You may complete the back section on the NOA (form NA Back 9) to request a hearing and send the form, or other written request, to the location or fax number on the form. You may also visit your local county social services office and submit your request for appeal. The form is available through your county social services office or at [www.dss.cahwnet.gov/Forms/English/NABACK9.PDF](http://www.dss.cahwnet.gov/Forms/English/NABACK9.PDF).
18. You have a right to review your Medi-Cal file and all Medi-Cal program rules and regulation manuals that were used to decide if you are eligible for Medi-Cal.
19. You have a right to information about these programs and help getting these services:
- Child Health and Disability Prevention Program
  - Special Supplemental Food Program for Women, Infants, and Children
  - Personal Care Services Program
  - Early and Periodic Screening, Diagnosis and Treatment Program
  - Family Planning Access Care and Treatment Program

20. You can talk to a social worker or county social services worker about other public or private services or resources such as CalFresh and CalWORKs.

## **What are my responsibilities if I get Medi-Cal?**

**You must tell your county social services worker about any of the following changes that have occurred within 10 days of the change:**

1. You or a family member in your household has a change in income. This applies if the income goes up or down or starts or stops. This includes income from the Social Security Administration (SSA), loans, settlements, employment, unemployment and any other source.
2. You change your home or mailing address.
3. A person moves into or out of your home, whether or not the person is related to you or your family. This includes newborns and foster children.
4. You or a family member in your household gives birth, becomes pregnant, or ends a pregnancy.
5. You, your spouse, or any family member in your household enters or leaves a nursing home or a long-term-care facility.
6. You receive, transfer, give away, or sell real or personal property (including money), or open or close any bank accounts. This requirement only applies if property is counted for the Medi-Cal program you are enrolled in or are being evaluated for. You must also report if someone gives you or a family member in your household things such as a car, house or insurance payments.
7. You have expenses paid for by someone else.
8. Your or a family member in your household gets a job, changes jobs or no longer has a job.
9. You have a change in expenses related to your job or education, such as child care or transportation.
10. You or a family member in your household, including children, becomes physically or mentally disabled.
11. You or a family member in your household applies for or receive disability benefits with the SSA, Veterans Administration or Railroad Retirement.
12. You or a family member in your household who is applying for or getting Medi-Cal has a change in citizenship or immigration status.
13. You or a family member in your household has a change in health insurance coverage.
14. If you are enrolled in the Medi-Cal program for former foster youth, tell your worker if your home or mailing address changes. You do not need to tell your worker about other changes, such as changes to your income, job, or expenses.

**You also must:**

1. Give proof that you are a resident of California, when you are asked for it.
2. Declare your citizenship or immigration status, when you are applying for Medi-Cal.
3. Give a Social Security Number (SSN) for anyone who is applying for Medi-Cal benefits.
  - If you are a United States (U.S.) Citizen, a U.S. national, or a person with satisfactory immigration status, you must provide an SSN. If you do not have one, you must apply for an SSN and give the number to the county social services office within 60 days of your application.
  - You can get help applying for an SSN from the county social services worker. You must work with the Social Security Administration (SSA) to clear up any questions that arise or your Medi-Cal will be denied or stopped.
  - If anyone on your application who otherwise qualifies for Medi-Cal does not have a satisfactory immigration status, he or she can apply for restricted Medi-Cal benefits without giving an SSN.
4. Apply for other income or benefits you or any family member in your household are entitled to, unless there is good cause for not applying. This includes pensions, government benefits, retirement income, veterans' benefits, annuities, disability benefits, Social Security benefits (Old Age, Survivors and Disability Insurance) and unemployment benefits. This does not include public assistance benefits such as CalWORKs or CalFresh.
5. Apply for Medicare, if you are eligible. Individuals are eligible for Medicare if they are blind, disabled, have End Stage Renal Disease, or are 64 years and 9 months of age or older. You are responsible for telling your providers that you have both Medi-Cal and Medicare coverage.
6. Apply for and enroll in any health insurance that is available to you and your family at no cost.
7. Report to the county social services office and the health care provider any health care coverage or insurance that you have or are entitled to use, including Medicare. If you willfully do not give this information, you may be billed by your provider and be guilty of a crime.

**You understand that:**

1. You must use your other health care plan (such as Kaiser, TRICARE or a Medicare HMO) for medical care if you have other health insurance that covers that service. Medi-Cal may not pay for any services that are covered by other insurance.
2. If you dispute that you have other health coverage, you can either: 1) contact your local county social services worker; 2) call 1-800-541-5555; or, 3) complete the other health coverage removal form on the DHCS website at <http://dhcs.ca.gov/ohc>.
3. If you, or any family member in your household, obtain money from a legal settlement for injuries, including medical expenses that Medi-Cal paid for, Medi-Cal is entitled to be reimbursed from the medical expense portion of the settlement.
4. If you do not make a choice about how you want to get your benefits, you and family members in your household may be placed in a Medi-Cal health plan near your home.
5. You must sign your Benefits Identification Cards (BICs) and use it only to get necessary health care for yourself or eligible family members.
6. You must take your BIC to your medical provider when you are sick or have an appointment. In emergencies when you do not have your BIC, you must get the BIC to the medical provider as soon as possible.
7. You must tell DHCS at <http://dhcs.ca.gov/pi> when Medi-Cal paid for medical services you received that were the result of an accident or injury caused by another person. This includes a work place injury when a workers' compensation claim may be filed.
8. You must cooperate with the State or county to establish paternity and identify any possible medical coverage that you or your family may be entitled to through an absent parent, unless you are pregnant.
9. You must cooperate with the State if the quality control review team chooses to review your case. If you refuse to cooperate, your Medi-Cal benefits will be stopped.
10. If you don't apply for or keep no-cost health coverage or state-paid coverage, your Medi-Cal benefits and eligibility will be denied or stopped.
11. If you do not give necessary information or if you give information that you know is false, your Medi-Cal benefits may be denied or stopped. Your case may also be investigated for suspected fraud.
12. The information you give when applying for Medi-Cal will be checked by computer with facts given by employers, banks, SSA, Internal Revenue Service, Franchise Tax Board, social services and other agencies. This is to confirm income, citizenship, satisfactory immigration status, tax information and other related information to see if you and your family members in your household qualify for health insurance. You have the right to give proof to your county social services worker and/or Covered California to correct any wrong information.

13. Any changes in your information or the information of any family member in your household may affect the eligibility of other household members.
14. Only persons who are applying for Medi-Cal must give their SSN and information about their immigration or citizenship status. People who are not applying for Medi-Cal are not required to give an SSN or proof of immigration or citizenship status. You may choose to give a non-applicant's SSN to help find if other family members qualify.
15. Persons who do not have satisfactory immigration status and who otherwise qualify for Medi-Cal can apply for restricted Medi-Cal benefits without applying for or giving an SSN.
16. Information about a person's immigration status given on the Medi-Cal application is kept private and secure, as required by law.
17. Based on your income, you may have to pay a monthly premium for some Medi-Cal programs. For other programs you may have to pay some of the cost depending on your monthly income. If you have Medi-Cal with a SOC, you may have to pay or promise to pay for your medical expenses each month, up to the amount of the SOC, before Medi-Cal will pay for services.
18. If you do not report changes to your personal information right away, and then receive Medi-Cal benefits that you do not qualify for, you may have to repay DHCS.
19. You, or any family member receiving Medi-Cal, must **not** be getting public assistance from another state.
20. If you are receiving Medi-Cal based on disability and you apply for disability benefits from SSA, and SSA denies your disability claim, your Medi-Cal may be stopped.
  - If you appeal your SSA denial right away, you will keep getting Medi-Cal until SSA makes a final decision.
  - If SSA approves your appeal, you will keep getting Medi-Cal benefits.
  - If SSA denies your appeal, then your Medi-Cal benefits may stop.
21. As a condition of Medi-Cal eligibility, the State is automatically assigned all rights to medical support and payment for medical services for you and any eligible persons you have legal responsibility for.
22. If medical support is court-ordered from an absent parent for your children, the insurance carrier must allow you to enroll and must provide benefits to your children without the absent parent's consent.
23. Medi-Cal providers cannot collect private insurance co-payment, co-insurance or deductibles from you unless the payment is used to meet your Medi-Cal SOC, co-payment or both.
24. When you apply for Medi-Cal you will be evaluated to find out if you qualify for other medical assistance programs, including the HIPP Program.

25. If you have other health insurance coverage, you may only use Medi-Cal for services not covered by the other health care plan. Your Medi-Cal provider must verify that the service is not covered before billing Medi-Cal.
26. If you are admitted to a nursing facility and you do not intend to return home, the State may put a lien against your property.
27. After your death, the State must seek reimbursement from your estate for all Medi-Cal services you received after age 55 (including premiums paid on your behalf). This does not apply during the lifetime of your surviving spouse or registered domestic partner or if you are survived by a child under age 21, or by a child of any age who is blind or disabled (as defined by the federal Social Security Act), or if the recovery would create a hardship for your heirs. Please inform your heirs of this potential collection activity.
28. If you leave assets at the time of your death, when your surviving spouse or registered domestic partner dies, the State has the right to claim against your surviving spouse's or registered domestic partner's estate or against any recipient of those assets. Recovery is limited to the amount of Medi-Cal benefits paid on your behalf or the value of assets you own at the time of death, whichever is less.
29. The State may seek reimbursement from your estate for services you received (including premiums paid on your behalf) prior to your 55th birthday if you were an inpatient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution. For more information please contact your county social services worker or go to DHCS's website at <http://dhcs.ca.gov/er>.

KEEP THIS FOR YOUR RECORDS



## What Does CHDP Offer?

The CHDP Program helps prevent or find health problems through regular, no cost, health check-ups. A check-up includes:

- Health and developmental history
- Physical exam
- Vaccines
- Oral health assessment and referral to a dentist by age 1
- Nutrition screening
- Developmental and behavioral screenings
- Vision screening
- Hearing screening
- Health education
- Lab tests: anemia, lead and tuberculosis
- Referral to Women, Infants, and Children (WIC) program for children up to age 5

## Other Services

The CHDP program can help you find:

- Dentists that accept Medi-Cal Dental for the care of your child's teeth
- Medical specialists
- Behavioral health services

Diagnosis and treatment can be paid for as long as your child has Medi-Cal.

## Information

Contact your local CHDP office for more information about CHDP or if you need:

- Access to medical and dental doctors
- Help setting up an appointment
- Transportation resources
- Behavioral health services

You can find your local CHDP office by visiting the California Department of Health Care Services website at: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)



Governor, Gavin Newsom  
State of California

## English

### Child Health and Disability Prevention (CHDP) Program

### Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

### Medical and Dental Health Check-ups



# FREE

For Babies, Children, and Youth under age 21 with Full Scope Medi-Cal or under age 19 with Low Family Income. No proof of legal status is required to receive CHDP services.



## Why Get Health Check-ups?

Health check-ups are important for all children and youth. Health check-ups are a time to:

- Find and address medical, dental and behavioral health problems
- Get vaccines
- Ask your doctor questions

Health check-ups can be used for foster care, sports, camp or school entry.



## Who Qualifies?

- Children and youth under age 21 who are eligible and/ or enrolled in Medi-Cal.
- Children and youth under age 19 with family income less than or equal to the current Federal Income Guidelines.
- No proof of income or legal status is required for CHDP services.

## Babies and Toddlers Birth through 3 years

Regular health check-ups keep your baby happy and healthy. You will find out about your baby's growth, weight, health, and vaccinations. At your baby's health check-up your baby needs to:

- Be tested for lead and anemia
- Be screened for behavioral and developmental health
- Have a vision acuity screening beginning at age 3
- See a dentist for exams and fluoride varnish application every 6 months starting by age 1 or as soon as their first tooth comes in

In addition, your baby is eligible to:

- Receive 3 applications of fluoride varnish every year from your CHDP doctor to prevent cavities



**Keep your child healthy by going to health check-ups.**

**During health check-ups the doctor can find and treat problems before they become serious.**

## School Children 4 through 12 years

Your child needs to be healthy and ready to learn. State laws require children to be up-to-date on their vaccines. Your child needs to receive the following services:

- Lead test before age 6
- Behavioral and developmental health screenings
- Hearing and vision screenings
- Dental exam every 6 months
- Fluoride application 2 times per year by your dentist and 3 times per year from your CHDP doctor until age 6

## Teens and Young Adults 13 through 20 years

Teens need health check-ups too! This is a chance to make sure your teen is growing and developing well physically and emotionally. It is a time for you or your teen to ask the doctor questions. Your teen also needs to see a dentist every 6 months.



# myMedi-Cal

How to Get the Health Care You Need





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# Health Coverage in California



**“My Medi-Cal: How to Get the Health Care You Need”** tells Californians how to apply for Medi-Cal for no-cost or low-cost health insurance. You will learn what you must do to qualify. This guide also tells you how to use your Medi-Cal benefits. It tells you when to report changes. You should keep this guide and use it when you have questions about Medi-Cal.

California offers two ways to get health coverage. They are “Medi-Cal” and “Covered California.” Both programs use the same application.

## What Is Medi-Cal?

Medi-Cal is California’s version of the Federal Medicaid program. Medi-Cal offers no-cost and low-cost health coverage to eligible people who live in California.

The Department of Health Care Services (DHCS) oversees the Medi-Cal program.

Your local county office manages most Medi-Cal cases for DHCS. You can reach your local county office online at [www.benefitscal.com](http://www.benefitscal.com). You can also call your local county office.

To get the phone number for your local county office, go to:

<http://dhcs.ca.gov/mymedi-cal>

or call 1-800-541-5555  
(TTY 1-800-430-7077)

The local county offices use many facts to determine what type of help you can get from Medi-Cal. They include:

- How much money you make
- Your age
- The age of any children on your application
- Whether you are pregnant, blind or disabled
- Whether you receive Medicare

## Did you know?

**It is possible for members of the same family to qualify for both Medi-Cal and Covered California. This is because the Medi-Cal eligibility rules are different for children and adults.**

**For example, coverage for a household of two parents and a child could look like this:**



**Parents**—eligible for a Covered California health plan and receive tax credits and cost sharing to reduce their costs



**Child**—eligible for no-cost or low-cost Medi-Cal

Most people who apply for Medi-Cal can find out if they qualify based on their income. For some types of Medi-Cal, people may also need to give information about their assets and property. To learn more, see the Medi-Cal Program Comparison on page 5.

## What Is Covered California?

Covered California is the State's health insurance marketplace. You can compare health plans from brand-name insurance companies or shop for a plan. If your income is too high for Medi-Cal, you may qualify to purchase health insurance through Covered California.

Covered California offers "premium assistance." It helps lower the cost of health care for individuals and families who enroll in a Covered California health plan and meet income rules. To qualify for premium assistance, your income must be under the Covered California program income limits.

Covered California has four levels of coverage to choose from: Bronze, Silver, Gold, and Platinum. The benefits within each level are the same no matter which insurance company you choose. Your income and other facts will decide what program you qualify for.

To learn more about Covered California, go to [www.coveredca.com](http://www.coveredca.com) or call **1-800-300-1506 (TTY 1-888-889-4500)**.

## What Are the Requirements to Get Medi-Cal?

To qualify for Medi-Cal, you must live in the state of California and meet certain rules. You must give income and tax filing status information for everyone who is in your family and is on your tax return. You also may need to give information about your property.

You do not have to file taxes to qualify for Medi-Cal. For questions about tax filing, talk to the Internal Revenue Service (IRS) or a tax professional.

All individuals who apply for Medi-Cal must give their Social Security Number (SSN) if they have one. Every person who asks for Medi-Cal must give information about his or her immigration status. Immigration status given as part of the Medi-Cal application is confidential. The United States Citizenship and Immigration Services cannot use it for immigration enforcement unless you are committing fraud.

Adults age 19 or older may qualify for limited Medi-Cal benefits even if they do not have a Social Security Number (SSN) or cannot prove their immigration status. These benefits cover emergency, pregnancy-related and long-term care services.

You can apply for Medi-Cal for your child even if you do not qualify for full coverage.

In California, immigration status does not affect Medi-Cal benefits for children under age 19. Children may qualify for full Medi-Cal benefits, regardless of immigration status.

To learn more about Medi-Cal program rules, read the Medi-Cal Program Comparison on the next page.

## Did you know?



**If you qualify for Supplemental Security Income (SSI), you automatically qualify for SSI-linked Medi-Cal.**



**Your local county office can help with some SSI Medi-Cal related problems. They will tell you if you need to contact a Social Security office to solve the problem.**



# Medi-Cal Program Comparison

## MAGI

vs.

## Non-MAGI

The Modified Adjusted Gross Income (MAGI) Medi-Cal method uses Federal tax rules to decide if you qualify based on how you file your taxes and your countable income.

Non-MAGI Medi-Cal includes many special programs. Persons who do not qualify for MAGI Medi-Cal may qualify for Non-MAGI Medi-Cal.



### Who is eligible:



- Children under 19 years old
- Parents and caretakers of minor children
- Adults 19 through 64 years old
- Pregnant individuals

- Adult aged 65 years or older
- Child under 21
- Pregnant individual
- Parent/Caretaker Relative of an age-eligible child
- Adult or child in a long-term care facility
- Person who gets Medicare
- Blind or have a disability



### Property rules:



No property limits.

- Must report and give proof of property such as vehicles, bank accounts, or rental homes
- Limits to the amount of property in the household

### For both MAGI and Non-MAGI:

- The local county office will check your application information. You may need to give more proof.
- You must live in California.
- U.S. citizens or lawfully-present applicants must provide their SSN.
- You must apply for any income that you might qualify for such as unemployment benefits and State Disability Insurance.
- You must comply with medical support enforcement\* which will:
  - Establish paternity for a child or children born outside of marriage.
  - Get medical support for a child or children with an absent parent.

*\*If you think you have a good reason not to follow this rule, call your local county office.*



# How Do I Apply?

You can apply for Medi-Cal at any time of the year by mail, phone, fax, or email. You can also apply online or in person.

You can only apply for Covered California coverage on certain dates. To learn when you can apply, go to [www.coveredca.com](http://www.coveredca.com) or call 1-800-300-1506 (TTY 1-888-889-4500).

## **Apply by mail:**

You can apply for Medi-Cal and Covered California with the Single Streamlined Application. You can get the application in English and other languages at: <http://dhcs.ca.gov/mymedi-cal>. Send completed applications to your local county office.

Find your local county office address at:

<http://dhcs.ca.gov/mymedi-cal>

You can also send applications to:  
**Covered California**  
**P.O. Box 989725**  
**West Sacramento, CA 95798-9725**

## **Apply by phone, fax, or email:**

Call your local county office. You can find the phone number on the web at <http://dhcs.ca.gov/mymedi-cal> or call Covered California at 1-800-300-1506.

## **Apply online at:**

[www.benefitscal.com](http://www.benefitscal.com)

OR

[www.coveredca.com](http://www.coveredca.com)

## **In person:**

Find your local county office at <http://dhcs.ca.gov/mymedi-cal>. You can get help applying.

You can also find a Covered California Certified Enrollment Counselor or Insurance Agent at [www.CoveredCA.com/get-help/local/](http://www.CoveredCA.com/get-help/local/).

## **How Long Will it Take for My Application to Be Processed?**

It may take up to 45 days to process your Medi-Cal application. If you apply for Medi-Cal based on disability, it may take up to 90 days. Your local county office or Covered California will send you an eligibility decision letter. The letter is called a "Notice of Action." If you do not get a letter within the 45 or 90 days, you may ask for a "State Fair Hearing." You may also ask for a hearing if you disagree with the decision. To learn more, read "Appeal and hearing rights" on page 19.



# How Do I Use My Medi-Cal Benefits?



Medi-Cal covers most medically necessary care. This includes doctor and dentist appointments, prescription drugs, vision care, family planning, mental health care, and drug or alcohol treatment. Medi-Cal also covers transportation to these services. Read more in “Covered Benefits” on page 12.

Once you are approved, you can use your Medi-Cal benefits right away. New beneficiaries approved for Medi-Cal get a Medi-Cal Benefits Identification Card (BIC). Your health care and dental providers need your BIC to provide services and to bill Medi-Cal. New beneficiaries and those asking for replacement cards get the new BIC design showing the California poppy. Both BIC designs shown here are valid:

Please contact your local county office if:

- You did not get your BIC
- Your BIC is lost
- Your BIC has wrong information
- Your BIC is stolen

Once you are sent a new BIC, you cannot use your old BIC.

You can get the phone number for your local county office at:

<http://dhcs.ca.gov/mymedi-cal>

or call:

1-800-541-5555 (TTY 1-800-430-7077)

## How Do I See a Doctor?

Most people who are in Medi-Cal see a doctor through a Medi-Cal managed care plan. The plans are like the health plans people have with private insurance. Read more about managed care plans starting on the next page.

It may take a few weeks to assign your Medi-Cal managed care plan. When you first sign up for Medi-Cal, or if you have special situations, you may need to see the doctor through “Fee-for-Service Medi-Cal.”



## What Is Fee-for-Service Medi-Cal?

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Fee-for-Service is a way Medi-Cal pays doctors and other care providers. When you first sign up for Medi-Cal, you will get your benefits through Fee-for-Service Medi-Cal until you are enrolled in a managed care health plan.

Before you get medical or dental services, ask if the provider accepts Medi-Cal Fee-for-Service payments. The provider has a right to refuse to take Medi-Cal patients. If you do not tell the provider you have Medi-Cal, you may have to pay for the medical or dental service yourself.

## How Are Medical or Dental Expenses Paid on Fee-for-Service Coverage?

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Your provider uses your BIC to make sure you have Medi-Cal. Your provider will know if Medi-Cal will pay for a medical or dental treatment. Sometimes you may have to pay a “co-payment” for a treatment. You may have to pay \$1 each time you get a medical or dental service or prescribed medicine. You may have to pay \$5 if you go to a hospital emergency room when you do not need an emergency service. Those beneficiaries enrolled in a managed care plan do not have to pay co-payments.

**There are some services Medi-Cal must approve before you may get them. See page 9 for more information.**

## How Do I Get Medical or Dental Services When I Have to Pay a Share of Cost (SOC)?

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Some Non-MAGI Medi-Cal programs require you to pay a SOC. The Notice of Action you get after your Medi-Cal approval will tell you if you have a SOC. It will also tell the amount of the SOC. Your SOC is the amount you must pay or promise to pay to the

provider for health or dental care before Medi-Cal starts to pay.

The SOC amount resets each month. You only need to pay your SOC in months when you get health and/or dental care services. The SOC amount is owed to the health or dental care provider. It is not owed to Medi-Cal or the State. Providers may allow you to pay for the services later instead of all at once. In some counties, if you have a SOC you cannot enroll in a managed care plan.

If you pay for health care services from someone who does not accept Medi-Cal, you may count those payments toward your SOC. You must take the receipts from those health care expenses to your local county office. They will credit that amount to your SOC.

You may be able to lower a future month’s SOC if you have unpaid medical bills. Ask your local county office to see if your bills qualify.

## What Is Medi-Cal Managed Care?

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Medi-Cal Managed Care is an organized system to help you get high-quality care and stay healthy.

**“ Medi-Cal Managed Care health plans help you find doctors, pharmacies and health education programs. ”**

Most people must enroll in a managed care plan, unless you meet certain criteria or qualify for an exemption. Your health plan options depend on the county you live in. If your county has multiple health plans, you will need to choose the one that fits your and your family’s needs.

Every Medi-Cal managed care plan within each county has the same services. You can get the directory of managed care plans at <http://dhcs.ca.gov/mymedi-cal>. You can choose a doctor who works with your plan to be your primary care physician. Or your plan can pick a primary care doctor on your behalf. You may choose any Medi-Cal

family planning provider of your choice, including one outside of your plan. Contact your managed care plan to learn more.

Managed care health plans also offer:

- Care coordination
- Referrals to specialists
- 24-hour nurse advice telephone services
- Customer service centers

**Medi-Cal must approve some services before you may get them.** The provider will know when you need prior approval. Most doctors' services and most clinic visits are not limited. They do not need approval. Talk with your doctor about your treatment plan and appointments.

## How Do I Enroll in a Medi-Cal Managed Care Plan?

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If you are in a county with more than one plan option, you must choose a health plan within 30 days of Medi-Cal approval. You will get an information packet in the mail. It will tell you the health plan(s) available in your county. The packet will also tell you how to enroll in the managed care plan you choose. If you do not choose a plan within 30 days of getting your Medi-Cal approval, the State will choose a plan for you.

Please wait for your health plan information packet in the mail.

**“ If your county only has one health plan, the county chooses the plan for you. ”**

If you live in **San Benito County**, there is only one health plan. You may enroll in this health plan. Or you may choose to stay in Fee-for-Service Medi-Cal.

**If your county has more than one health plan, you will need to choose the one that fits your and your family's needs.**

To see what plans are in your county, go to <https://www.healthcareoptions.dhcs.ca.gov/>

## How Do I Disenroll, Ask for an Exemption from Mandatory Enrollment, or Change My Medi-Cal Managed Care Plan?

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Most Medi-Cal beneficiaries must enroll in a Medi-Cal managed care plan. If you enrolled in a health care plan **by choice**, you may disenroll at any time. To disenroll, call Health Care Options at **1-800-430-4263**.

When your county has more than one plan, you can call Health Care Options if you want to change your managed care health plan.

If you are getting treatment now from a Fee-for-Service Medi-Cal provider, you may qualify for a temporary exemption from mandatory enrollment in a Medi-Cal managed care plan. The Fee-for-Service provider cannot be part of a Medi-Cal managed care plan in your county. The provider must be treating you for a complex condition that could get worse if you have to change providers.

Ask your provider if he or she is part of a Medi-Cal managed care plan in your county. If your provider is not part of a Medi-Cal managed care plan in your county, have your provider fill out a form with you to ask for an exemption from enrolling in a Medi-Cal managed care plan.

Your provider will need to sign the form, attach required proof, and mail or fax the form to Health Care Options. They will review it and decide whether you qualify for a temporary exemption from enrollment in a Medi-Cal managed care plan. You can find the form and instructions at <http://dhcs.ca.gov/mymedi-cal>.

If you have questions, call **1-800-430-4263**.

## What if I Have Other Health Insurance?

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Even if you have other health coverage such as health insurance from your work, you may still qualify for Medi-Cal. If you qualify, Medi-Cal will cover allowable costs not paid by your primary insurance. Under federal

law, Medi-Cal beneficiaries' private health insurance must be billed first before billing Medi-Cal.

Medi-Cal beneficiaries are required by federal and state law to report private health insurance. To report or change private health insurance, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-800-541-5555 (TTY 1-800-430-7077)**. Outside of California, call **1-916-636-1980**.

You also must report it to your local county office and your health care provider. If you fail to report any private health insurance coverage that you have, you are committing a misdemeanor crime.

## Can I Get Medi-Cal Services When I Am Not in California?

When you travel outside California, take your BIC or proof that you are enrolled in a Medi-Cal health care plan. Medi-Cal can help in some cases, such as an emergency due to accident, injury or severe illness. Except for emergencies, your managed care plan must approve any out-of-state medical services before you get the service. If the provider will not accept Medicaid, you will have to pay medical costs for services you get outside of California. Remember: there may be many providers involved in emergency care. For example, the doctor you see may accept Medicaid but the x-ray department may not. Work with your managed care plan to limit what you have to pay. The provider should first make sure you qualify by calling **1-916-636-1960**.

If you live near the California state line and get medical service in the other state, some of these rules do not apply. To learn more, contact your Medi-Cal managed care plan.

**“ You will not get Medi-Cal if you move out of California. You may apply for Medicaid in the state you move to. ”**

If you are moving to a new county in California, you also need to tell the county you live in or the county you are moving to. This is to make sure you keep

getting Medi-Cal benefits. You should tell your local county office within 10 days of moving to a new county.

## What Should I Do if I Can't Get an Appointment or Other Care I Need?

The Medi-Cal Managed Care Office of the Ombudsman helps solve problems from a neutral standpoint. They make sure you get all necessary required covered services.

### The Office of the Ombudsman:

- Helps solve problems between Medi-Cal managed care members and managed care plans without taking sides
- Helps solve problems between Medi-Cal beneficiaries and county mental health plans without taking sides
- Investigates member complaints about managed care plans and county mental health plans
- Helps members with urgent enrollment and disenrollment problems
- Helps Medi-Cal beneficiaries access Medi-Cal specialty mental health services
- Offers information and referrals
- Identifies ways to make the Medi-Cal managed care program more effective
- Educates members on how to navigate the Medi-Cal managed care and specialty mental health system

To learn more about the Office of the Ombudsman, you can call:

**1-888-452-8609**

or go to:

<http://dhcs.ca.gov/mymedi-cal>

## How Does Medi-Cal Work if I also Have Medicare?

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Many people who are 65 or older or who have disabilities qualify for both Medi-Cal and Medicare. If you qualify for both programs, you will get most of your medical services and prescription drugs through Medicare. Medi-Cal provides long-term services and supports such as nursing home care and home and community-based services.

“ **Medi-Cal covers some benefits that Medicare does not cover.** ”

Medi-Cal may also pay your Medicare premiums.

## What Is the Medicare Premium Payment Buy-In Program?

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The Medicare Premium Payment Program, also called Medicare Buy-In, allows Medi-Cal to pay Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance) premiums for Medi-Cal members and others who qualify for certain Medi-Cal programs.

## What Is the Medicare Savings Program (MSP)?

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Medicare Savings Programs may pay Medicare Part A and Medicare Part B deductibles, co-insurance and co-payments if you meet certain conditions. When you apply for Medi-Cal, your county will evaluate you for this program. Some people who do not qualify for full-scope Medi-Cal benefits may still qualify for MSP.

## If I Use a Medicare Provider, Will I Have to Pay Medicare Co-Insurance?

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No. If eligible to MSP you will not have to pay any co-insurance or deductibles. If you get a bill from your Medicare provider, contact your Medi-Cal managed care plan or call **1-800-MEDICARE**.

## If I Have Medicare, Do I Have to Use Doctors and Other Providers Who Take Medi-Cal?

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No. You can use any Medicare provider, even if that provider doesn't take Medi-Cal or isn't part of your Medi-Cal managed care plan. Some Medicare providers may not accept you as a patient.

## Did you know?



**Medi-Cal provides breastfeeding education as part of Maternity and Newborn Care.**



**You are eligible for routine eye exams once every 24 months.**



**To learn more about what's offered, visit:**  
<http://dhcs.ca.gov/mymedi-cal>





# Medi-Cal Covered Benefits

Medi-Cal offers a full set of benefits called Essential Health Benefits. To find out if a service is covered, ask your doctor or health plan. Essential Health Benefits include:

- Outpatient services, such as a checkup at a doctor's office
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health services
- Substance use disorder services, such as treatment for drug or alcohol addiction
- Prescription drugs
- Laboratory services, such as blood tests
- Programs such as physical therapy (called rehabilitative and habilitative services) and medical supplies and devices such as wheelchairs and oxygen tanks
- Preventive and wellness services
- Chronic disease management
- Children's (pediatric) services, including oral and vision care
- In-home care and other long-term services and supports

## Substance Use Disorder Program

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Medi-Cal offers inpatient and outpatient settings for drug or alcohol abuse treatment. This is also called substance use disorder treatment. The setting depends on the types of treatment you need. Services include:

- Outpatient Drug Free Treatment (group and/or individual counseling)
- Intensive Outpatient Treatment (group counseling services provided at least three hours per day, three days per week)
- Residential Treatment (rehabilitation services provided while living on the premises)
- Narcotic Replacement Therapy (such as methadone)

Some counties offer more treatment and recovery services. Tell your doctors about your condition so they can refer you to the right treatment. You may also refer yourself to your nearest local treatment agency. Or call the Substance Use Disorder non-emergency treatment referral line at **1-800-879-2772**.

## Medi-Cal Dental Program

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Dental health is an important part of overall health. The Medi-Cal Dental Program covers many services to keep your teeth healthy. You can get dental benefits as soon as you are approved for Medi-Cal.

You can see the dental benefits and other resources at <http://dhcs.ca.gov/mymedi-cal>. Or, you can call **1-800-322-6384 (TTY 1-800-735-2922)** Monday through Friday between 8:00 a.m. and 5:00 p.m.

## How Do I Get Medi-Cal Dental Services?

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The Medi-Cal Dental Program gives service in two ways. One is Fee-for-Service Dental and you can get it throughout California. Fee-for-Service Dental is the same as Fee-for-Service Medi-Cal. Before you get dental services, you must show your BIC to the dental provider and make sure the provider takes Fee-for-Service Dental.

The other way Medi-Cal gives dental services is through Dental Managed Care (DMC). DMC is only offered in Los Angeles County and Sacramento County. DMC plans cover the same dental services as Fee-for-Service Dental. DHCS uses three managed care plans in Sacramento County. DHCS also contracts with three prepaid health plans in Los Angeles County. These plans provide dental services to Medi-Cal beneficiaries.

If you live in Sacramento County, you must enroll in DMC. In some cases, you may qualify for an exemption from enrolling in DMC.

To learn more, go to Health Care Options at <http://dhcs.ca.gov/mymedi-cal>.

In Los Angeles County, you can stay in Fee-for-Service Dental or you can choose the DMC program. To choose or change your dental plan, call Health Care Options.

## Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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If you or your child are under 21 years old, Medi-Cal covers preventive services, such as regular health check-ups and screenings. Regular checkups and screenings look for any problems with your medical, dental, vision, hearing, and mental health, and any substance use disorders. You can also get vaccinations to keep you healthy. Medi-Cal covers screening services any time there is a need for them, even if it is not during your regular check-up. All of these services are at no cost to you.

Checkups and screenings are important to help your health care provider identify problems early. When a problem is found during a check-up or screening, Medi-Cal covers the services needed to fix or improve any physical or mental health condition or illness. You can get the diagnostic and treatment services your doctor, other health care provider, dentist, county Child Health and Disability Prevention program (CHDP), or county mental or behavioral health provider says you need to get better. EPSDT covers these services at no cost to you.

Your provider will also tell you when to come back for the next health check-up, screening, or medical appointment. If you have questions about scheduling a medical visit or how to get help with transportation to the medical visit, Medi-Cal can help. Call your Medi-Cal Managed Care Health Plan (MCP). If you are not in a MCP, you can call your doctor or other provider or visit <http://dhcs.ca.gov/mymedi-cal> for transportation assistance.

**For more information about EPSDT** you may call **1-800-541-5555**, go to <http://dhcs.ca.gov/mymedi-cal>, contact your county CHDP Program, or your MCP. To learn more about EPSDT Specialty Mental Health or Substance Use Disorder services, contact your county mental or behavioral health department.



## Transportation Services

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Medi-Cal can help with rides to medical, mental health, substance use, or dental appointments when those appointments are covered by Medi-Cal. The rides can be either nonmedical transportation (NMT) or non-emergency medical transportation (NEMT). You can also use NMT if you need to pick up prescriptions or medical supplies or equipment.

If you can travel by car, bus, train, or taxi, but do not have a ride to your appointment, NMT can be arranged.

If you are enrolled in a health plan, call your Member Services for information on how to get NMT services.

If you have Fee-for-Service, you can do the following:

- Call your county Medi-Cal office to see if they can help you get an NMT ride.
- To set up a ride, you should first call your Fee-for-Service medical provider and ask about a transportation provider in your area. Or, you can call one of the approved NMT providers in your area listed at <http://dhcs.ca.gov/mymedi-cal>.

If you need a special, medical vehicle to get to your appointment, let your health care provider know. If you are in a health plan, you can also contact your plan to set up your transportation. If you are in Fee-for-Service, call your health care provider. The plan or provider can order NEMT such as a wheelchair van, a litter van, an ambulance, or air transport.

Be sure to ask for a ride as soon as you can before an appointment. If you have frequent appointments, your health care provider or health plan can request transportation to cover future appointments.

Go to <http://dhcs.ca.gov/mymedi-cal> for more information about rides arranged by approved NMT providers.

## Specialty Mental Health Services

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If you have mental illness or emotional needs that your regular doctor cannot treat, specialty mental health services are available. A Mental Health Plan (MHP) provides specialty mental health services. Each county has an MHP.

Specialty mental health services may include, but are not limited to, individual and group therapy, medication services, crisis services, case management, residential and hospital services, and specialized services to help children and youth.

To find out more about specialty mental health services, or to get these services, call your county MHP. Your MHP will determine if you qualify for specialty mental health services. You can get the MHP's telephone number from the Office of the Ombudsman at **1-888-452-8609** or go to <http://dhcs.ca.gov/mymedi-cal>.

# Other Health Programs & Services



California offers other programs for your medical needs. You can apply for some through the same local county office that handles Medi-Cal.

## From Your Local County Office

You can ask for the programs below from the same local county office where you apply for Medi-Cal. You can get the phone number for your county at <http://dhcs.ca.gov/mymedi-cal> or call **1-800-541-5555 (TTY 1-800-430-7077)**.

### **Former Foster Youth**

If you were in foster care on your 18th birthday or later, you may qualify for free Medi-Cal. Coverage may last until your 26th birthday. Income does not matter. You do not need to fill out a full Medi-Cal application or give income or tax information when you apply. For coverage right away, contact your local county office.

### **Confidential Medical Services**

You can apply for confidential services if you are under age 21. To qualify, you must be:

- Unmarried and living with your parents, or
- Your parent must be financially responsible for you, such as college students

You do not need parental consent to apply for or get coverage. Services include family planning and pregnancy care, and treatment for drug or alcohol abuse, sexually transmitted diseases, sexual assault, and mental health.

### **250% Working Disabled Program**

The Working Disabled Program gives Medi-Cal to adults with disabilities who have higher income than most Medi-Cal recipients. If you have earned disability income through Social Security or your former job, you may qualify. The program requires a low monthly premium, ranging from \$20 to \$250 depending on your income. To qualify, you must:

- Meet the Social Security definition of disability, have gotten disability income, and now be earning some money through work
- Meet program income rules for earned and unearned income
- Meet other program rules

### **Medi-Cal Access Program (MCAP)**

MCAP gives low-cost comprehensive health insurance coverage to pregnant individuals. MCAP has no copayments or deductibles for its covered services. The total cost for MCAP is 1.5% of your Modified Adjusted Gross Income. For example, if your income is \$50,000 per year, your cost would be \$750 for coverage. You can pay all at once or in monthly installments over 12 months. If you are pregnant and in Covered California coverage, you may be able to switch to MCAP. Babies born to individuals enrolled in MCAP qualify for the Medi-Cal Access Infant Program or for Medi-Cal. To qualify for MCAP, you must be:

- A California resident
- Not enrolled in no-cost Medi-Cal or Medicare Part A and Part B at time of application

- Not covered by any other health insurance plan
- Within the program income guidelines

To learn more about MCAP, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-800-433-2611**.

## **In-Home Supportive Services (IHSS) Program**

IHSS helps pay for services so you can remain safely in your own home. If you qualify for Medi-Cal, you may also qualify for IHSS. If you do not qualify for Medi-Cal, you may still qualify for IHSS if you meet other eligibility criteria. If you have Medi-Cal with no SOC, it will pay for all your IHSS services. If you have Medi-Cal with a SOC, you must meet your Medi-Cal SOC before any IHSS services are paid. To qualify, you must be at least **one** of the following:

- Age 65 and older
- Blind
- Disabled (including disabled children)
- Have a chronic, disabling condition that causes functional impairment expected to last at least 12 consecutive months or expected to result in death within 12 months

IHSS can authorize services such as:

- Domestic services such as washing kitchen counters or cleaning the bathroom
- Preparation of meals
- Laundry
- Shopping for food
- Personal care services
- Accompaniment to medical appointments
- Protective supervision for people who are mentally ill or mentally impaired and cannot remain safely in their home without supervision
- Paramedical services

To learn more, go to <http://www.cdss.ca.gov/In-Home-Supportive-Services>.

## **Other State Health Services**

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The programs below have a different application process from Medi-Cal's. You can apply or learn more about the program using the contact information listed.

### **Breast and Cervical Cancer Treatment Program**

The Breast and Cervical Cancer Treatment Program gives cancer treatment and related services to low-income California residents who qualify. They must be screened and/or enrolled by the Cancer Detection Program, Every Woman Counts, or by the Family Planning, Access, Care and Treatment programs. To qualify, you must have income under the limit and need treatment for breast or cervical cancer. To learn more, call **1-800-824-0088** or email [BCCTP@dhcs.ca.gov](mailto:BCCTP@dhcs.ca.gov).

### **Home and Community-Based Services**

Medi-Cal allows certain eligible seniors and persons with disabilities to get treatment at home or in a community setting instead of in a nursing home or other institution. Home and Community-Based Services include but are not limited to case management (supports and service coordination), adult day health services, habilitation (day and residential), homemaker, home health aide, nutritional services, nursing services, personal care, and respite care. You must qualify for full-scope Medi-Cal and meet all program rules. To learn more, call DHCS, Integrated Systems of Care Division at **1-916-552-9105**.

### **California Children's Services (CCS) Program**

The CCS program gives diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 who have CCS-eligible medical conditions. CCS-eligible medical conditions are those that are physically disabling or require medical, surgical or

rehabilitative services. Services authorized by the CCS program to treat a Medi-Cal enrolled child's CCS-eligible medical condition are not services that most health plan's cover. The Medi-Cal health plan still provides primary care and preventive health services not related to the CCS-eligible medical condition.

To apply for CCS, contact your local county CCS office. To learn more, go to <http://dhcs.ca.gov/mymedi-cal> or call **1-916-552-9105**.

## **Genetically Handicapped Person's Program (GHPP)**

GHPP gives medical and administrative case management and pays for medically-necessary services for persons who live in California, are over age 21, and have GHPP-eligible medical conditions. GHPP-eligible conditions are inherited conditions like hemophilia, cystic fibrosis, Phenylketonuria, and sickle cell disease that have major health effects. GHPP uses a system of Special Care Centers (SCCs). SCCs give comprehensive, coordinated health care to clients with specific eligible conditions. If the service is not in the health plan's covered benefits, GHPP authorizes yearly SCC evaluations for Medi-Cal enrolled adults with a GHPP-eligible medical condition.

To apply for GHPP, complete an application. Fax it to **1-800-440-5318**. To learn more, call **1-916-552-9105** or go to <http://dhcs.ca.gov/mymedi-cal>.

# Retroactive Medi-Cal

If you have unpaid medical or dental bills when you apply for Medi-Cal, you can ask for retroactive Medi-Cal. Retroactive Medi-Cal may help pay medical or dental bills in any of the three months before the application date.

For example, if you applied for Medi-Cal in April, you may be able to get help with bills for medical or dental services you got in January, February and March.

To get retroactive Medi-Cal you must:

- Qualify for Medi-Cal in the month you got the medical services
- Have received medical or dental services that Medi-Cal covers
- Ask for it within one year of the month in which you received the covered services
- You must contact your local county office to request retroactive Medi-Cal

For example, if you were treated for a broken arm in January 2017 and applied for Medi-Cal in April 2017, you would have to request retroactive Medi-Cal by no later than January 2018 to pay the medical bills.

If you already paid for medical or dental service you got during the three months of the retroactive period, Medi-Cal may also help you get paid back. You must submit your claim within one year of the date of service, or within 90 days after approval of your Medi-Cal eligibility, whichever is longer.

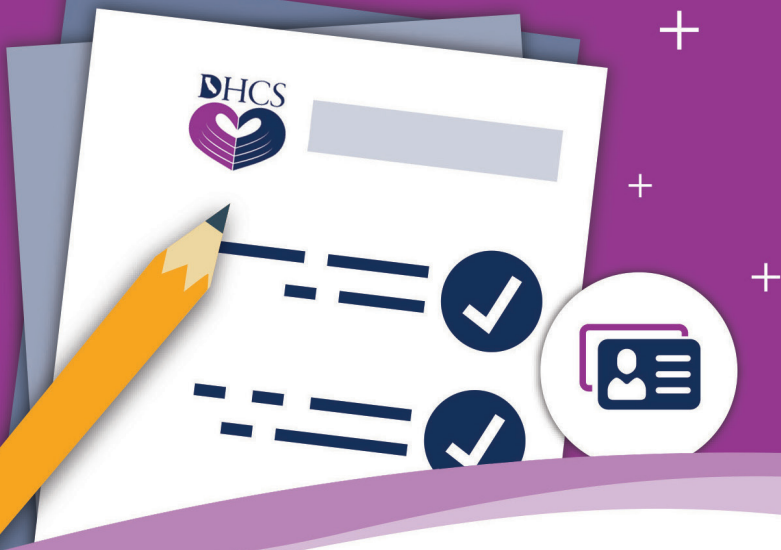
To file a claim, you must call or write to:

Department of Health Care Services  
Beneficiary Services  
P.O. Box 138008  
Sacramento, CA 95813-8008  
1-916-403-2007 (TTY 1-916-635-6491)

For Medical, Mental Health, Substance Use Disorder, and In-Home Support Services Claims

Medi-Cal Dental Beneficiary Services  
P.O. Box 526026  
Sacramento, CA 95852-6026  
1-916-403-2007 (TTY 1-916-635-6491)

For Dental Claims.



# Updating & Renewing My Medi-Cal

**You must report any household changes within 10 days to your local county office.** You can report changes in person, online, by phone, email or fax. Changes can affect your Medi-Cal eligibility.

You must report if you:

- Get married or divorced
- Have a child, adopt or place a child for adoption
- Have a change in income or property (if applicable)
- Get any other health coverage including through a job or a program such as Medicare
- Move, or have a change in who is living in your home
- Have a change in disability status
- Have a change in tax filing status, including change in tax dependents
- Have a change in citizenship or immigration status
- Are incarcerated (jail, prison, etc.) or released from incarceration
- Have a change in American Indian or Alaska Native status or change your tribal status
- Change your name, date of birth or SSN
- Have any other changes that may affect your income or household size

## What if I Move to Another County in California?

If you move to another California county, you can have your Medi-Cal case moved to the new county. This is called an Inter-County Transfer (ICT). You must report your change of address to either county within

10 days from the change. You can report your change of address online, in person, by phone, email, or fax. Your managed care plan coverage in your old county will end on the last day of the month. You will need to enroll in a managed care plan in your new county.

When you leave the county temporarily, your Medi-Cal will not transfer. This includes a child going to college or when you take care of a sick relative. Contact your local county office to report the household member's temporary address change to a new county. The local county office will update the address so the household member can enroll in a health plan in the new county.

## How Do I Renew My Medi-Cal Coverage?

To keep your Medi-Cal benefits, you must renew at least once a year. If your local county office cannot renew your Medi-Cal coverage using electronic sources, they will send you a renewal form. You will need to give information that is new or has changed. You will also need to give your most current information. You can return your information online, in person, or by phone or other electronic means if available in your county. If you mail or return your renewal form in person, it must be signed.

If you do not give the needed information by the due date, your Medi-Cal benefits will end. Your local county office will send you a Notice of Action in the mail. You have 90 days to give your local county office all the missing information without having to re-apply. If you give the missing information within 90 days and still qualify for Medi-Cal, your local county office will reinstate your Medi-Cal with no gaps in coverage.



# Rights & Responsibilities



When you apply for Medi-Cal, you will get a list of your rights and responsibilities. This includes the requirement to report changes in address or income, or if someone is pregnant or gave birth. You can call your local county office or find the most up-to-date list of your rights and responsibilities online at:

<http://dhcs.ca.gov/mymedi-cal>

## Appeal and Hearing Rights

### Health Care Services and Benefits

You have the right to ask for an appeal if you disagree with the denial of a health care service or benefit.

If you are in a Medi-Cal managed care plan and you get a Notice of Action letter telling you that a health care service or benefit is denied, you have the right to ask for an appeal.

You must file an appeal with your plan within 60 days of the date on the Notice of Action. After you file your appeal, the plan will send you a decision within 30 days. If you do not get a decision within 30 days or are not happy with the plan's decision, you can then ask for a State Fair Hearing. A judge will review your case.

**You must first file an appeal with your plan before you can ask for a State Fair Hearing.** You must ask for a State Fair Hearing within 120 days of the date of the plan's written appeal decision.

If you are in Fee-for-Service Medi-Cal and you get a Notice of Action letter telling you that a health service

or benefit has been denied, you have the right to ask for a State Fair Hearing right away. You must ask for a State Fair Hearing within 90 days of the date on the Notice of Action.

You also have the right to ask for a State Fair Hearing if you disagree with what is happening with your Medi-Cal application or eligibility. This can be when:

- You do not agree with a county or State action on your Medi-Cal application
- The county does not give you a decision about your Medi-Cal application within 45 or 90 days
- Your Medi-Cal eligibility or Share of Cost changes

### Eligibility Decisions

If you get a Notice of Action letter telling you about an eligibility decision that you disagree with, you can talk to your county eligibility worker and/or ask for a State Fair Hearing. If you cannot solve your disagreement through the county, you must request a State Fair Hearing within 90 days of the date on the Notice of Action. You can ask for a State Fair Hearing by contacting your local county office. You can also call or write to:

California Department of Social Services  
Public Inquiry and Response  
PO Box 944243, M.S. 9-17-37  
Sacramento, CA 94244-2430  
1-800-743-8525, (TTY 1-800-952-8349)

You can also file a hearing request online at:

<http://www.cdss.ca.gov/>

If you believe you have been unlawfully discriminated against on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can make a complaint to the DHCS Office of Civil Rights.

You can learn how to make a discrimination complaint in “Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements” on page 21.

## About State Fair Hearings

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The State will tell you it got your hearing request. You will get a notice of the time, date and place of your hearing. A hearing representative will review your case and try to resolve your issue. If the county/State offers you an agreement to solve your issue, you will get it in writing.

You can give permission in writing for a friend, family member or advocate to help you at the hearing. If you cannot fully solve your issue with the county or State, you or your representative must attend the State Fair Hearing. Your hearing can be in person or by phone. A judge who does not work for the county or Medi-Cal program will hear your case.

You have the right to free language help. List your language on your hearing request. Or tell the hearing representative you would like a free interpreter. You cannot use family or friends to interpret for you at the hearing.

**If you have a disability and need reasonable accommodations to fully take part in the Fair Hearing process, you may call 1-800-743-8525 (TTY 1-800-952-8349). You can also send an email to [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov).**

To get help with your hearing, you can ask for a legal aid referral. You may get free legal help at your local legal aid or welfare rights office.

## Third Party Liability

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If you suffer an injury, you may use your Medi-Cal to get medical services. If you file an insurance claim or sue someone for damages because of your injury, you must notify the Medi-Cal Personal Injury (PI) program within 30 days of filing your claim or action. You must tell both your local county office and the PI program.

To notify the Medi-Cal PI program, please complete the “Personal Injury Notification (New Case)” form. You can find it on the website below. If you do not have internet access, please ask your attorney or insurance company representative to notify the Medi-Cal PI program on your behalf. You can find notification and update forms at: <http://dhcs.ca.gov/mymedi-cal>.

If you hire a lawyer to represent you for your claim or lawsuit, your lawyer is responsible for notifying the Medi-Cal PI program and giving a letter of authorization. This authorization allows Medi-Cal staff to contact your lawyer and discuss your personal injury case. Medi-Cal does not provide representation or attorney referrals. Staff can offer information that can help the lawyer through the process.

## Estate Recovery

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The Medi-Cal program must seek repayment from the estates of certain Medi-Cal members who have died. Repayment is limited to payments made, including managed care premiums, for nursing facility services, home and community based services, and related hospital and prescription drug services when the beneficiary:

- Was an inpatient in a nursing facility, or
- Received home and community based services on or after his or her 55th birthday



If a deceased member does not leave an estate subject to probate or owns nothing when they die, nothing will be owed.

To learn more, go to <http://dhcs.ca.gov/er> or call 1-916-650-0590

## Medi-Cal Fraud

### Beneficiary responsibilities

A beneficiary must always present proof of Medi-Cal coverage to providers before getting services. If you are getting treatment from more than one doctor or dentist, you should tell each doctor or dentist about the other doctor or dentist providing your care.

It is your responsibility not to abuse or improperly use your Medi-Cal benefits. It is a **crime** to:

- Let other people use your Medi-Cal benefits
- Get drugs through false statements to a provider
- Sell or lend your BIC to any person or give your BIC to anyone other than your service providers as required under Medi-Cal guidelines

Misuse of BIC/Medi-Cal benefits is a crime. It could result in negative actions to your case or criminal prosecution. If you suspect Medi-Cal fraud, waste or abuse, make a confidential report by calling 1-800-822-6222.

## Federally Required Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

DHCS complies with applicable federal and state civil rights laws. DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic

information, marital status, gender, gender identity or sexual orientation. DHCS does not unlawfully exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. DHCS:

- Provides free aids and services to people with disabilities to communicate effectively with DHCS, such as:
  - Qualified sign language interpreters
  - Written information in other formats such as large print, audio, accessible electronic formats and other formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Office of Civil Rights, at **1-916-440-7370, (Ext. 711, California State Relay)** or email [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

If you believe DHCS has failed to provide these services or you have been discriminated against in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance at:

Office of Civil Rights

PO Box 997413, MS 0009

Sacramento, CA 95899-7413

1-916-440-7370, (Ext. 711, CA State Relay)

Email: [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

If you need help filing a grievance, the Office of Civil Rights can help you. Complaint forms are available at:

[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

# Important Resources



## ONLINE

Main Medi-Cal Site:  
<http://dhcs.ca.gov/mymedi-cal>

Get the myMedi-Cal smartphone app to help you learn more about coverage, find local help, and more!



## PHONE NUMBERS

Medi-Cal Members & Providers:  
1-800-541-5555

Medi-Cal Managed Care:  
1-800-430-4263  
(TTY 1-800-430-7077)

Office of the Ombudsman:  
1-888-452-8609

State Fair Hearing:  
1-800-743-8525  
(TTY 1-800-952-8349)

Covered California:  
1-800-300-1506

Medi-Cal Dental Program:  
1-800-322-6384

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or you can file by mail or phone at:

**U.S. Department of Health  
and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
**1-800-368-1019, TTY 1-800-537-7697**

You can get a complaint form at:

<http://www.hhs.gov/ocr/office/file/index.html>

This document meets Section 508 accessibility standards. This publication can also be made available in Braille, large print, and other electronic formats in response to a reasonable accommodation request made by a qualified individual with a disability. To ask for a copy of this publication in another format, call the Medi-Cal Eligibility Division at **1-916-552-9200 (TTY 1-800-735-2929)** or email [MCED@dhcs.ca.gov](mailto:MCED@dhcs.ca.gov).

## Language Assistance

Attention: If you speak English, you can call 1-800-541-5555 (TDD 1-800-430-7077) for free help in your language. Call your local county office for eligibility issues or questions. (English)

تنبيه: إذا كنت تتحدث العربية، فيمكنك الاتصال برقم 1-800-541-5555 (TDD 1-800-430-7077) للمساعدة المجانية بلغتك. اتصل بمكتب المقاطعة المحلي للمشكلات أو الأسئلة المتعلقة بالتأهل. (Arabic)

Ուշադրություն: Եթե Դուք հայերեն եք խոսում, կարող եք զանգահարել 1-800-541-5555 (TDD 1-800-430-7077) և անվճար օգնություն ստանալ Ձեր լեզվով: Իրավասության հետ կապված խնդիրների կամ հարցերի դեպքում զանգահարեք Ձեր շրջանային գրասենյակ: (Armenian)

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ  
អ្នកអាចទូរសព្ទទៅលេខ 1-800-541-5555  
(TDD 1-800-430-7077) សម្រាប់ជំនួយដោយឥតគិតថ្លៃ  
ជាភាសារបស់អ្នក។ ទូរសព្ទទៅកាន់ការិយាល័យខោនធីក្នុងមូ  
លដ្ឋានរបស់អ្នកសម្រាប់បញ្ជាក់ទាំងនឹងសិទ្ធិទទួលបានសេវា  
ប្រក្រតី ឯករណ៍មានសំណួរណាមួយ។ (Cambodian)

注意：如果您使用中文，請撥打1-800-541-5555  
(TDD 1-800-430-7077) 免費獲得以您所用語言提  
供的協助。關於資格的爭議或問題請致電您所在縣  
的辦事處。(Chinese)

توجه: اگر به زبان فارسی صحبت می کنید، می توانید برای  
دریافت کمک رایگان به زبان خود با شماره  
1-800-541-5555 (TDD 1-800-430-7077) تماس  
بگیرید. برای مسائل مربوط به صلاحیت یا سوالات، با دفتر محلی  
شهرستان خود تماس بگیرید. (Farsi)

ध्यान दें: यदि आप हिंदी भाषी हैं, तो आप अपनी  
भाषा में निःशुल्क सहायता के लिए  
1-800-541-5555 (TDD 1-800-430-7077) पर कॉल  
कर सकते हैं। योग्यता संबंधी समस्याओं या प्रश्नों  
के लिए अपने स्थानीय काउंटी कार्यालय को कॉल  
करें। (Hindi)

Lus Ceeb Toom: Yog tias koj hais lus Hmoob, koj tuaj  
yeem hu rau tus xov tooj 1-800-541-5555 (TDD  
1-800-430-7077) kom tau kev pab koj dawb ua koj  
hom lus. Hu rau lub chaw lis dej num hauv koj lub  
nroog txog cov teeb meem kev tsim nyog tau txais kev  
pab los yog cov lus nug. (Hmong)

注意：ご希望により、1-800-541-5555  
(TDD 1-800-430-7077) へお電話いただければ日  
本語で対応いたします。有資格問題または質問など  
は、地域の代理店までお電話ください。(Japanese)

주의: 한국어를 말하면, 1-800-541-5555  
(TDD 1-800-430-7077) 번으로 무료로 도움을  
받을 수 있습니다. 적격 문제 또는 질문은 해당  
지역 카운티 사무소에 문의하십시오. (Korean)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໂທຫາເບີ  
1-800-541-5555 (TDD 1-800-430-7077) ເພື່ອຂໍຄວາ  
ມຊ່ວຍເຫຼືອຟຣີໃນພາສາຂອງທ່ານ. ໂທຫາຫ້ອງການເຂດໃນທ້ອງຖິ່  
ນຂອງທ່ານເພື່ອສອບຖາມກ່ຽວກັບເງື່ອນໄຂໃນການມີສິດໄດ້ຮັບ ຫຼື  
ມີຄໍາຖາມອື່ນໆ. (Laotian)

Waac-mbung: Se gorngv meih gongv mien waac  
nor, maaiv zuqc cuotv nyaanh gunv korh waac mingh  
taux 1-800-541-5555 (TDD 1-800-430-7077) yiem

wuov maaih mienh tengx faan waac bun meih hiuv duv.  
Gunv korh waac taux meih nyei kaau dih nyei mienh, Se  
gorngv meih oix hiuv taux, meih maaih fai maaiv maaiv  
ndaam-dorng leiz puix duqv ziqv nyei buanc. (Mien)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ  
ਵਿੱਚ ਮੁਫਤ ਸਹਾਇਤਾ ਪਾਉਣ ਲਈ 1-800-541-5555 (TDD  
1-800-430-7077) 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਪਾਤਰਤਾ ਸੰਬੰਧੀ  
ਵਿਵਾਦਾਂ ਜਾਂ ਸਵਾਲਾਂ ਦੇ ਲਈ ਆਪਣੇ ਸਥਾਨਕ ਕਾਉਂਟੀ ਦਫਤਰ ਨੂੰ  
ਕਾਲ ਕਰੋ। (Punjabi)

Внимание: Если Вы говорите по-русски, Вы можете  
позвонить по номеру 1-800-541-5555  
(TDD 1-800-430-7077), чтобы получить бесплатную  
помощь на Вашем языке. Позвоните в Ваш местный  
окружной офис по вопросам или проблемам,  
связанным с соответствием требованиям.  
(Russian)

Atención: Si usted habla español puede llamar al  
1-800-541-5555 (TDD 1-800-430-7077) para  
obtener ayuda gratuita en su idioma. Llame a la oficina  
local de su condado si tiene algún problema o alguna  
pregunta sobre elegibilidad. (Spanish)

Atensiyon: Kung nagsasalita ka ng Tagalog, maaari  
kang tumawag sa 1-800-541-5555  
(TDD 1-800-430-7077) para sa libreng tulong sa  
wika mo. Tawagan ang lokal mong tanggapan sa  
county para sa mga isyu sa pagiging narapat o mga  
tanong. (Tagalog)

โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถโทรศัพท์  
ไปที่เบอร์ 1-800-541-5555 (TDD 1-800-430-7077)  
เพื่อรับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย  
กรุณาโทรศัพท์หาสำนักงานประจำท้องถิ่นของท่านเพื่อ  
สอบถามเกี่ยวกับสิทธิ์ของท่าน (Thai)

Увага: Якщо ви розмовляєте українською, ви  
можете зателефонувати за номером 1-800-541-5555  
(TDD 1-800-430-7077), щоб отримати безкоштовну  
допомогу Вашою мовою. З питань стосовно права  
на пільги та іншої інформації, телефонуйте до  
вашого місцевого окружного офісу. (Ukrainian)

Lưu ý: Nếu quý vị nói tiếng Việt, quý vị có thể gọi  
1-800-541-5555 (TDD 1-800-430-7077) để được trợ  
giúp miễn phí bằng ngôn ngữ của mình. Hãy gọi văn  
phòng quận địa phương của quý vị nếu có các vấn đề  
hoặc thắc mắc về tính đủ điều kiện. (Vietnamese)

California Department of  
Health Care Services  
1501 Capitol Avenue  
Sacramento, CA 95814

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Office of Communications



**PUB 68 (0219) | myMedi-Cal**  
Department of Health Care Services  
[dhcs.ca.gov](http://dhcs.ca.gov)



# Medi-Cal Services for Children and Young Adults:

## Early & Periodic Screening, Diagnosis & Treatment Mental Health Services

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**This notice is for children and young adults (under age 21) who qualify for Medi-Cal EPSDT services and their caregivers or guardians**

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### What are EPSDT Services?

- EPSDT mental health services are Medi-Cal services that correct or improve mental health problems that your doctor or other health care provider finds, even if the health problem will not go away entirely. EPSDT mental health services are provided by county mental health departments.
- These problems may include sadness, nervousness, or anger that makes your life difficult.
- **You must be under age 21 and have full scope Medi-Cal to get these services.**

### How to get EPSDT Services for yourself (under age 21) or your child

Ask your doctor or clinic about EPSDT services. You or your child may receive these services if you and your doctor, or other health care provider, clinic (such as the Child Health and Disability Prevention Program), or county mental health department agree that you or your child need them. You may also call your local county mental health department directly. The call is free.

### Types of EPSDT Services

Some of the services you can get from your county mental health department are:

- Individual therapy
- Group therapy
- Family therapy
- Crisis counseling
- Case management
- Special day programs
- Medication for your mental health

Counseling and therapy services may be provided in your home, in the community, or in another location.

Your county mental health department, and your doctor or provider will decide if the services you ask for are medically necessary.

**County mental health departments *must* approve your EPSDT services.**

Every county mental health department has a toll-free phone number that you can call for more information and to ask for EPSDT mental health services.

### What are EPSDT Therapeutic Behavioral Services?

Therapeutic Behavioral Services (TBS) are an EPSDT specialty mental health service. TBS helps children and young adults who:

- Have severe emotional problems;
- Live in a mental health placement or are at risk of placement; or
- Have been hospitalized recently for mental health problems or are at risk for psychiatric hospitalization.

If you get other mental health services and still feel very sad, nervous, or angry, you may be able to have a trained mental health coach help you. This person could help you when you have problems that might cause you to get mad, upset, or sad. This person would come to your home, group home or go with you on trips and activities in the community.



Your county mental health department can tell you how to ask for an assessment to see if you need mental health services including TBS.

### **Who can I talk to about EPSDT mental health services?**

Your doctor, psychologist, counselor, social worker, or other health or social services provider can assist you with finding EPSDT mental health services. For children and young adults in a group home or residential facility, talk to the staff about getting additional EPSDT services.

For children in foster care, consult the child's court-appointed attorney. You can also call your county mental health department directly. (Look in your phone book for the toll-free telephone number, or call the Department of Health Care Services Mental Health Ombudsman's Office).

### **What if I don't get the services I want from my county mental health department?**

You can file an appeal with your county mental health department if they deny the EPSDT services requested by your doctor or provider. You may also file an appeal if you think you need mental health services and your provider or county mental health department does not agree.

Call the county mental health department's toll-free number to talk to a Problem Resolution (grievance/appeal) coordinator for information and help. You may also call the county patients' rights advocate, or the Department of Health Care Services, Mental Health Ombudsman Office.

You can ask for a state hearing within 90 days after exhausting the county mental health department's appeal process by doing one of the following:

- **Call:** 1-800-952-5253, or for TTY 1-800-952-8349;
- **Fax:** 916-651-5210; or 916-651-2789
- **Write:** California Department of Social Services, State Hearings Division  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 94244-2430.

### **Where can I get more information?**

For more information please contact the following offices at the telephone numbers below.

#### **County Mental Health Department toll-free access number**

Look in your local phone book

#### **Department of Health Care Services Mental Health Ombudsman's Office**

1-800-896-4042

#### **Department of Health Care Services website**

[www.dhcs.ca.gov](http://www.dhcs.ca.gov)

For additional information about mental health and EPSDT, please go to the following webpages:

[www.dhcs.ca.gov/services/mh](http://www.dhcs.ca.gov/services/mh)

[www.dhcs.ca.gov/services/mh/pages/EPSDT.aspx](http://www.dhcs.ca.gov/services/mh/pages/EPSDT.aspx)



## DISCRIMINATION COMPLAINT

If you think you have been discriminated against you may file a complaint. Where you file your complaint depends on what type of complaint you have.

### For all programs your county agency

**administers:** Ask your county office for the name, address and phone number of their Civil Rights Coordinator. The county agency, not the state agency, will independently investigate your complaint.

### For Covered California:

Civil Rights Coordinator Covered California  
PO Box 989725  
West Sacramento, CA 95789  
(916) 228-8764  
[CivilRights@covered.ca.gov](mailto:CivilRights@covered.ca.gov)

### For Medi-Cal & Medi-Cal Dental Program:

You may contact the county's Civil Rights Coordinator, the state Department of Health Care Services or the federal Health and Human Services.

Department of Health Care Services  
Office of Civil Rights  
PO Box 997413, MS 0009  
Sacramento, CA 95899-7413  
(916) 440-7370 or 711 (Calif. Relay Service)  
[CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

### For all other state programs covered by this pamphlet:

Civil Rights Unit  
California Department of Social Services  
PO Box 944243, MS 9-7-41  
Sacramento, CA 94244-2430  
(866) 741-6241 (toll free)  
(916) 651-0602 (fax)  
[crb@dss.ca.gov](mailto:crb@dss.ca.gov)

### To file a CalFresh complaint with the federal agency:

United States Department of Agriculture  
Director, Office of Adjudication  
1400 Independence Avenue, SW  
Washington, DC 20250-9410  
(866) 632-9992 (toll free) or (202) 260-1026  
(800) 877-8339 (hearing impaired)  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

### To file a complaint with a federal agency:

Only for discrimination based on Race, Color, National Origin, Disability, Age, or Sex:

Centralized Case Management Operations  
United States Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201

File a complaint online at:

[US Health & Human Services Civil Rights Complaint Portal](https://www.hhs.gov/ohrt/)

(800) 368-1019 (toll-free)  
(800) 537-7697 (hearing/speech impaired)

### Time Limits for A Discrimination Complaint

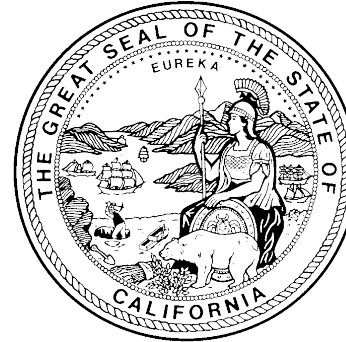
You must file a discrimination complaint within 180 days of the date you were discriminated against.

If the discrimination also affected the level of your benefits and services, ask for a hearing. Judges cannot make decisions about discrimination complaints at a hearing.

*A discrimination investigation cannot change your benefit or service levels. Only a state hearing can do that. Agencies are not allowed to retaliate against you if you request a hearing or file a discrimination complaint.*

## PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- CA Food Assistance Program (CFAP)
- CalWORKs
- Cash Assistance Program for Immigrants (CAPI)
- CalFresh (Food Stamps)
- Children's Health Insurance Program (CHIP)
- Covered California Eligibility
- Foster Care/Child Welfare Services
- Housing Programs through County Social Service Departments
- In-Home Supportive Services
- Kinship Guardianship Assistance (KinGAP)
- Medi-Cal – Medi-Cal Dental Program
- Refugee Cash Assistance
- Resource Family Approvals (RFA)
- Approved Relative Caregiver Funding Option Program (ARC)
- Service Animal Allowance



State of California

Health & Human Services Agency  
Department of Social Services

This pamphlet is available from your local County Welfare office and on the [CDSS website](https://www.cdss.ca.gov/) in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Tagalog
- Ukranian
- Vietnamese

Also available for free in large print, Braille, and audio formats.

This publication explains your rights to equal benefits and services, how to ask for language assistance or a reasonable accommodation for a disability, and how to file a discrimination complaint.


PUB 13 (5/22)


# YOUR RIGHTS

UNDER CALIFORNIA PUBLIC BENEFITS PROGRAMS



..... for people applying for or receiving public aid in California

 Tell us if you need help because of a disability.

 Ask for a free interpreter

Public benefit agencies comply with federal and state law, and may not discriminate, exclude, or provide you aid, benefits or other services that is different from what is provided to others

## YOUR RIGHTS

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

You have the right to an interpreter free of charge.

- بحق لك الحصول على مترجم فوري مجانًا
- Դուք անվճար թարգմանչի իրավունք ունեք:
- អ្នកមានសិទ្ធិទទួលអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ
- 您有權免費獲得口譯員
- شما حق دسترسی به یک مترجم (ترجمان) رایگان را دارید.
- Koj muaj txoj cai kom tus neeg txhais lus tsis raug them nqi
- あなたには無料の通訳をもらう権利があります
- 귀하는 통역사를 무료로 이용할 권리가 있습니다
- ທ່ານມີສິດໂດຍບໍາເອົາພາສາໂຕອື່ນໄດ້ຮັບຮອດ
- mula sa nakasulat na ingles hanggang sa nakasulat
- Você tem direito a um intérprete, gratuitamente
- ਤੁਹਾਡੇ ਕੋਲ ਦੁਆਰੀਏ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਮੁਫਤ
- Вы имеете право на бесплатные услуги переводчика
- Tiene derecho a servicios gratuitos de un intérprete
- May karapatan ka sa isang tagasalin, nang walang bayad
- Ви маєте право на перекладача безкоштовно
- Quý vị có quyền có được một thông dịch viên miễn phí.

Ask the agency responsible for your benefits or services for language assistance.

## YOU HAVE THE RIGHT TO:

1. Understand what is happening with your application or benefits.
2. Get written and oral explanations about your application or benefits. You have a right to a free interpreter for this information. Ask the agency responsible for your benefits/ services for language assistance.
3. If the state agency has the written explanation in non-English languages, you have a right to get this information in those languages.

4. Get a receipt for hand-delivered documents.
5. See your case record
6. See laws and regulations about your program.
7. Ask a judge to review any agency action or inaction about your eligibility, benefits, or services.
8. Not face discrimination in applying for or receiving program benefits or services.
9. File a complaint about discrimination.
10. Get a "reasonable accommodation" if you have a disability. This is specific help for you to access or participate in the program.
11. Have your information kept confidential.
12. Be treated with courtesy and respect.

## IF YOU ARE HAVING PROBLEMS WITH YOUR BENEFITS OR SERVICES:

Keep records of all your information, documents, and contacts with the agency.

Get a receipt when you turn anything in.

Bring someone with you to meetings.

Complain. There are 4 ways to do this:

1. **Informal:** Ask to speak to a supervisor to talk about problems with a worker or to review the rules and the proposed action on your benefits or services.
2. **State Hearing:** Ask for a state hearing if you disagree with an agency's action or inaction on your benefits or services. You must ask for a hearing within 90 days of the date of agency's notice about your benefits or services. If you ask for a hearing after 90 days, a judge will decide if you have a good reason for asking late, like illness or a disability.
3. **Discrimination complaint:** See the Discrimination Complaint section. You may have different rights to file a complaint with state or federal agencies.
4. **Grievance:** You can file a complaint with the agency if it has a grievance procedure. **This does not protect your benefits in the way that asking for a state hearing does.**

## STATE HEARINGS

You can also ask for a state hearing if the agency is not giving you benefits or services you think you should get. See [PUB 412](#) for State Hearing information.

**Note: If your problem is with General Assistance or General Relief,** you must ask the county for a county hearing.

**If your problem is with Social Security** benefits, you must contact the Social Security Administration for a hearing.

## ASKING FOR A STATE HEARING

You can ask for a state hearing online, by phone, by fax, by email, or by mail.

Online: [ACMS.dss.ca.gov](#) - you can create an account to get all your appeal information online, or submit an online request without an account

Phone: 1-800-743-8525  
Email: [SHDCSU@dss.ca.gov](mailto:SHDCSU@dss.ca.gov)  
Fax number: 833-281-0905  
Mail: State Hearings Division  
PO Box 944243, MS 21-37  
Sacramento, CA 94244-2430

## EXPEDITED HEARINGS

If you have an urgent problem, you can ask for an "expedited" hearing to have the hearing held sooner. For Medi-Cal, this is when regular hearing scheduling could seriously jeopardize the enrollee's life or physical or mental health. State Hearings will decide and let you know if your case can be expedited.

## PROHIBITED DISCRIMINATION

State law prohibits agencies from denying benefits or services or providing you aid that is different from aid provided to others based on:

*Race, Color, Ancestry, National Origin (including language), Ethnic Group Identification, Age, Physical or Mental Disability, Medical Condition, Religion, Sex, Gender, Gender Identity or Expression, Sexual Orientation, Marital Status, Domestic Partnership, Political Affiliation, Citizenship, Immigration Status, and Genetic Information.*

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits:

Delaying or denying the placement of a child for adoption or into foster care based on the race, color, or national origin of the adoptive or foster parents, or the child;

Denying any individual the opportunity to become a foster or adoptive parent based on the race, color, or national origin of the individual or child involved.

## EXAMPLES OF DISCRIMINATION

The agency does not give you a free interpreter.

A worker tells a certain ethnic group about more programs and services than people of other ethnicities.

The agency will not provide you large print or Braille versions of written information that you need because of a disability.

A worker treats you differently after learning of your religion or sexual orientation.

You cannot get to appointments because the building does not have an elevator and you have a disability limiting your use of stairs.

You cannot get your wheelchair into examination and interview rooms or restrooms.

A worker refuses to use your correct name and pronouns.

## REASONABLE ACCOMMODATIONS: SPECIAL HELP FOR PEOPLE WITH DISABILITIES

Persons with physical or mental disabilities have the right to request reasonable accommodations from government agencies to help them access and participate in programs and services. If you have a disability and need extra help, you should inform the agency responsible for your application or benefits/services. The agency must work with you to determine what help you need. If the agency is denying your request, it must give you written notice stating the reason for the denial. The notice must list your appeal rights.

## Do you have breast or cervical cancer? Worried about paying for treatment?

You may qualify for a special Medi-Cal program for people with breast cancer, cervical cancer, or both. If you're eligible, the program will cover your treatment. The program is called the Breast and Cervical Cancer Treatment Program, or "BCCTP."

People of all ages, immigration statuses, and gender identities may qualify for the BCCTP. You may qualify even if you could not get Medi-Cal in the past or your Medi-Cal has ended. You may also qualify if you have other health insurance.

You must have a pre-cervical, cervical, or breast cancer diagnosis and need treatment or follow-up care. You must also live in California and meet certain income requirements.

### ► **There are 2 ways to apply to the Breast and Cervical Cancer Treatment Program (BCCTP).**

- 1. Talk to your doctor.** Ask if they are part of the *Every Woman Counts* or *Family PACT* programs. If they are, they can apply for you. Many doctors across California are part of these programs.

If you want help to find a doctor who participates, you can:

Contact *Every Woman Counts* to find a breast or cervical cancer doctor near you.

📞 Call: (800) 511-2300

🌐 Go to: [www.dhcs.ca.gov/services/cancer/EWC/Pages/ewc-clinic-locator.aspx](http://www.dhcs.ca.gov/services/cancer/EWC/Pages/ewc-clinic-locator.aspx)

Contact *Family PACT* to find a cervical cancer doctor near you.

📞 Call: (916) 650-0414

- 2. Talk to a County Eligibility Worker.** Tell them you have breast or cervical cancer and want to sign up for the BCCTP.

The County Eligibility Worker will send your information to a BCCTP Eligibility Specialist. The BCCTP Eligibility Specialist will let you know by mail if you were approved or not for the BCCTP.

The County Eligibility Worker will also check to see if you are eligible for Medi-Cal. They will let you know by mail if you were approved or not for Medi-Cal.

🌐 Learn more at [www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx)

## NOTICE OF LANGUAGE SERVICES

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.

*(English)*

Su elegibilidad para recibir beneficios públicos podría ser afectada por la información contenida en esta carta. Su respuesta podría ser requerida antes de cierta fecha. Si necesita ayuda adicional con esta información, llame a su trabajador del condado. Tiene el derecho a pedir ayuda en su propio idioma. No hay ningún costo para esta ayuda.

*(Spanish)*

قد تتأثر أهليتك للحصول على المزايا العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ردك مطلوبًا بحلول تاريخ معين. إذا احتجت إلى مساعدة إضافية لفهم هذه المعلومات، فيمكنك الاتصال بمسؤول الملف في مقاطعتك. لديك الحق في طلب المساعدة بلغتك. لا توجد تكلفة مقابل هذه المساعدة.

*(Arabic)*

Այս նամակում պարունակվող տեղեկությունները կարող են ազդել սեփական նպաստներ ստանալու Ձեր իրավասություն վրա: Ձեր պատասխանը կարող է պահանջվել մինչև որոշակի ամսաթիվը: Եթե Ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել Ձեր վարչաշրջանի աշխատակցին: Դուք իրավունք ունեք Ձեր մայրենի լեզվով օգնություն ստանալու: Այդ ծառայությունն անվճար է:

*(Armenian)*

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុង លិខិតនេះ: ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានតាមកាលកំណត់: ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម ទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក: អ្នកមានសិទ្ធិស្នើសុំ ជំនួយភាសាកំណើតរបស់អ្នក: ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃនោះទេ: ។

*(Cambodian)*

您的公共福利资格可能会受到本信中所含信息的影响。您可能需要在特定日期内作出回应。如果您需要有关此信息的其他帮助，您可以致电所在区县的工作人员。您有权使用母语请求帮助，并無費获取该类帮助。

*(Chinese)*

صلاحیت شما برای برخورداری از مزایای عمومی ممکن است با اطلاعات مندرج در این نامه تحت تأثیر قرار بگیرد. ممکن است تا تاریخ معینی ملزم به دادن پاسخ باشید. اگر به کمک بیشتری نیاز دارید، می توانید با مددکار کانتی تان تماس بگیرید. شما حق دارید درخواست کنید که کمک به زبان خودتان ارائه شود. ارائه این کمک هزینه ای برای شما در بر ندارد.

*(Farsi)*

इस पत्र में दीये हुये जानकारी के कारण आपकी सार्वजनिक लाभों की योग्यता प्रभावित हो सकती है। एक निश्चित तिथि तक आपके उत्तर की आवश्यकता हो सकती है। यदि आपको इस जानकारी के सन्दर्भ में अतिरिक्त सहायता चाहिए तो अपने काउंटी कार्यकर्ता से संपर्क करें। आपको अपनी भाषा में सहायता की माँग करने का अधिकार है। इस सहायता के लिए कोई शुल्क नहीं लगता।

(Hindi)

Koj txoj kev pab los ntawm pej xeev cov kev pab cuam yuav cuam tshuam txog qhov muaj cai tau txais kev pab. Tej zaum koj yuav tsum teb rov qab mus raw li hnuv hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauv lwm hauv koj lub zos. Koj muaj txoj cai thov kev pab ua yog hais koj hom lus. Yuav tsis tau them nqi dab tsi rau qhov kev pab no.

(Hmong)

あなたの公的給付金の受領資格は、本文書に含まれる情報によって影響を及ぼされる可能性があります。回答を期限までに要請される可能性があります。本情報に関してさらに援助が必要な場合は、郡の職員にお電話にてお問い合わせください。言語支援サービスがご利用できます。このサービスは無料です。

(Japanese)

공공 혜택에 관한 귀하의 자격이 이 편지에 포함된 내용에 의해 영향을 받을 수 있습니다. 귀하께서는 정해진 날짜까지 이에 응답할 필요가 있을 수도 있습니다. 본 내용과 관련하여 도움이 필요하시면 카운티 담당 직원에게 연락하십시오. 귀하의 사용 언어로 도움을 요청하실 수 있는 권리가 있습니다. 도움 비용은 무료입니다.

(Korean)

ຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຕິດຕໍ່ພະນັກງານປະຈຳຄາວເຖິງຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ໂດຍບໍ່ເສຍຄ່າໃນການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.

(Lao)

Meih duqv zipv naaiv zeiv waa-fienx bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongx taux meih nyei ze'buonc pui-zipv tengxx fu'loqc nyaanh aengx caux oix zuqc heuc meih dau waac daaux nqaang bun nzuonx hingh gan hnoi-nyieqc ziangh hoc.. Se gorngv meih maiv bieqc hnyouv taux naaiv deix waa-fienx jau-louc nor korh waac mingh buangh taux meih nyei kaau div gong-gorn zangc zoux gong mienh. Meih corc maaih do-leiz ze'buonc tov heuc tengx faan benx meih nyei mienh fingz waac bun muangx maiv zuqc cuotv haaix diuc jaa-zinh.

(Mien)

ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ, ਇਸ ਪੱਤਰ ਵਿਚ ਸ਼ਾਮਲ ਜਾਣਕਾਰੀ ਦੇ ਮੁਤਾਬਿਕ। ਇੱਕ ਖਾਸ ਤਾਰੀਖ ਤੱਕ ਤੁਹਾਡੇ ਜਵਾਬ ਦੀ ਜ਼ਰੂਰਤ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਨਾਲ ਹੋਰ ਵਾਧੂ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੇ ਇਲਾਕੇ ਦੇ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲੈਣ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇਹ ਮਦਦ ਮੁਫਤ ਹੈ।

(Punjabi)

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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Информация, содержащаяся в этом письме, может повлиять на Ваше право получать государственные пособия. Возможно, Вам необходимо будет предоставить ответ до определенной даты. Если Вам нужна дополнительная помощь в связи с этой информацией, обратитесь к сотруднику администрации округа. У Вас есть право обратиться за помощью на Вашем родном языке. Эта помощь оказывается бесплатно.

*(Russian)*

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลในจดหมายฉบับนี้ การตอบ )  
รับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อกับ )  
พนักงานในท้องที่ คุณมีสิทธิ์ที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีค่าใช้จ่ายในการขอความช่วยเหลือ )  
ครั้งนี้

*(Thai)*

Ang iyong pagiging karapat-dapat para sa mga pampublikong benepisyo ay maaaring makaapekto sa impormasyong nilalaman ng liham na ito. Ang iyong tugon ay maaaring kailanganin sa pagsapit ng partikular na petsa. Kung kailangan mo ng karagdagang tulong sa impormasyong ito, maaari mong tawagan ang iyong manggagawa sa county. May karapatan kang humingi ng tulong sa sarili mong wika. Walang gagastusin para sa tulong na ito.

*(Tagalog)*

Інформація, яку надано цим листом, може вплинути на Ваші умови отримання допомоги по соціальному забезпеченню. Вона також може вимагати від вас відповіді не пізніше певної дати. Якщо Ви потребуєте додаткової допомоги відносно наданої інформації, зателефонуйте працівнику місцевої служби. Ви маєте право на отримання безкоштовних послуг перекладача.

*(Ukrainian)*

Tính đủ điều kiện nhận các phúc lợi công cộng của quý vị có thể bị ảnh hưởng bởi thông tin có trong thư này. Chúng tôi có thể yêu cầu quý vị hồi đáp trước một ngày cụ thể. Nếu quý vị cần thêm trợ giúp với thông tin này, quý vị có thể gọi đến nhân viên tại quận hạt của quý vị. Quý vị có quyền yêu cầu trợ giúp bằng ngôn ngữ của quý vị. Quý vị không mất chi phí khi nhận sự trợ giúp này.

*(Vietnamese)*



# What Are People Saying About WIC?



“WIC offers so much more now with fresh fruits and vegetables and whole grains!”

— *Raquel, Redding*



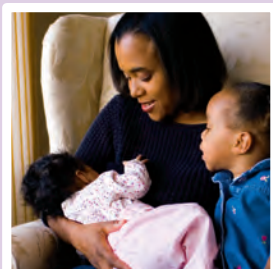
“WIC keeps us eating healthy”

— *Robert, Fresno*



“Money was tight for a while... and this program helped me so much.”

— *Sara, Los Angeles*



“Thank you... for the breastfeeding support and useful information we got while in the program.”

— *Susan, Oakland*

# How can WIC work for you?



WIC has offices all over California. Call your local WIC office for an appointment and for locations near you. Many local WIC offices are open in the evenings and on Saturdays for working families!



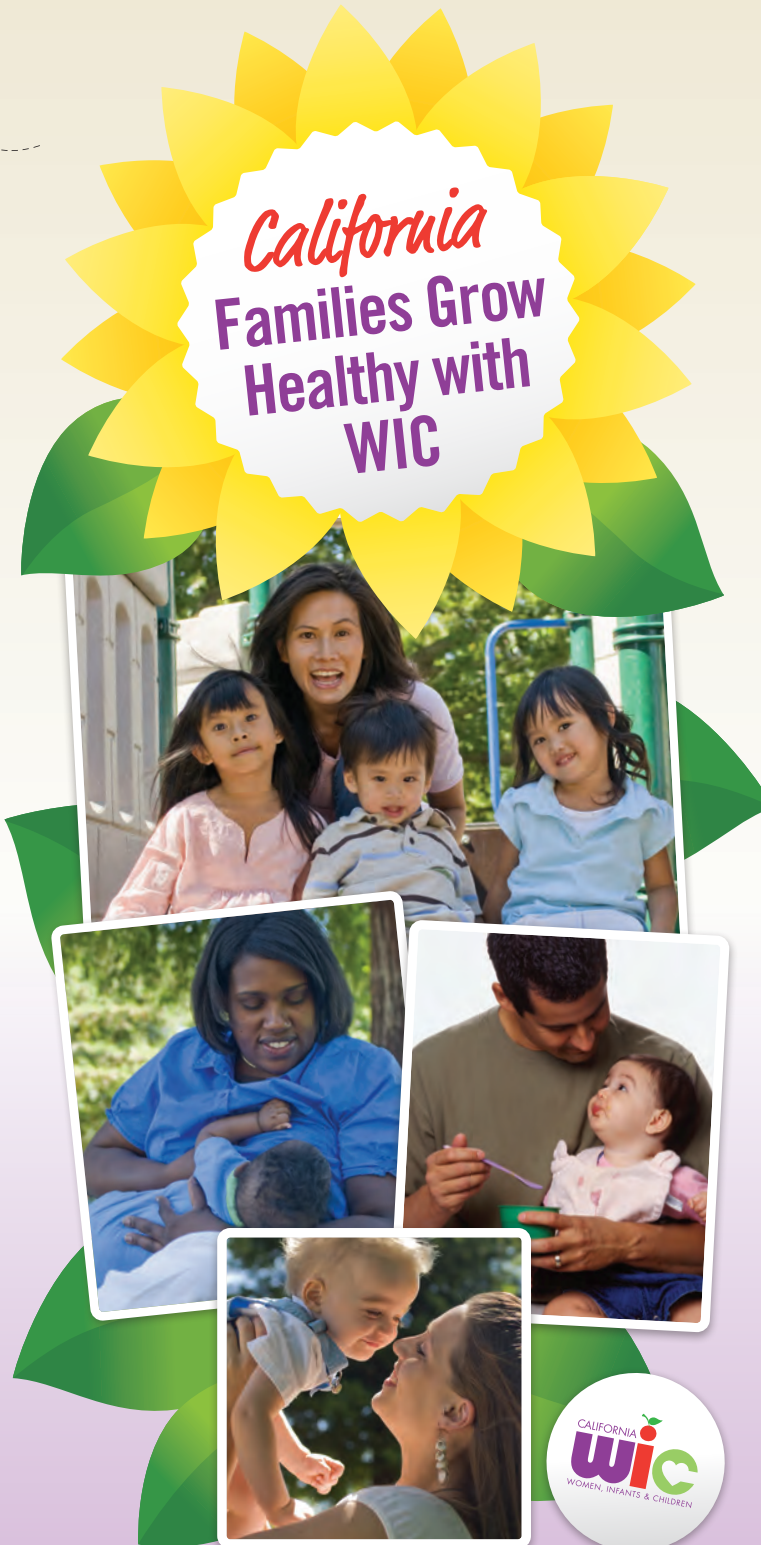
Your Local WIC Agency is:



To find the nearest WIC office, you can also call toll free **1-888-WIC-WORKS (1-888-942-9675)** or **www.wicworks.ca.gov**.

California WIC Program, California Department of Public Health  
*This institution is an equal opportunity provider.*

#910169 Rev 2/12





*You work hard to raise a healthy family. The WIC Program can help.*

## What is WIC?

WIC, the Women, Infants, and Children program, is a nutrition program that helps pregnant women, mothers with infants, infants and young children eat well, be active, and stay healthy.

The average cash value of WIC checks per participant is about \$62 a month!



## WIC offers families:

- » **Nutrition and health education.**  
Information covered includes: prenatal nutrition, breastfeeding, feeding your child, parenting tips plus much, much more...
- » **Education and support for breastfeeding babies.** This support may include group classes, one-on-one support from a peer counselor or lactation specialist and loan of a breast pump.
- » **Checks to buy healthy foods such as:**
  - ✓ Milk
  - ✓ Fruits and Vegetables
  - ✓ Juice
  - ✓ Eggs
  - ✓ Cheese
  - ✓ Cereal
  - ✓ Dry beans or peas
  - ✓ Peanut butter
  - ✓ Canned tuna or salmon
  - ✓ Whole grain breads, tortillas, or brown rice
  - ✓ Baby foods
  - ✓ Infant Formula
  - ✓ Tofu and soy milk
- » **Help in finding health care and other community services.**



**Working Families May Qualify!**

## You can participate in California WIC if you:

- » Are pregnant.
- » Breastfeeding a baby under 1 year of age.
- » Just had a baby in the past 6 months.
- » Have children under 5 years of age including those cared for by a single father, grandparent, foster parent, step-parent or guardian.
- » Have a family income within WIC Guidelines.

## Check out our Website:

[www.wicworks.ca.gov](http://www.wicworks.ca.gov)

for the latest income guidelines and to find your local WIC office.





## CMSP Benefit Program

*If you've been denied Medi-Cal coverage, you may still be eligible for health benefits. Ask your county eligibility worker about CMSP.*

### CMSP Eligibility Rules

- Adults aged 21 to 64
- Must live in a CMSP County
- No citizenship requirement
- Income up to 300% FPL (Federal Poverty Level)
- Personal assets valued up to:
  - \$20,000 for household of 1
  - \$30,000 for household of 2
  - Additional \$1,500 for each additional household member after 2
- Cannot be eligible for Medi-Cal or Medicare

### CMSP Covered Benefits

Summary of benefits. Share of cost, certain limitations, & restrictions may apply. Please see member guide for details.

-  **Primary & Preventative Care**  
No cost primary care benefits including check ups & doctor visits for sickness, injuries, or other concerns
-  **Emergency Services & Hospitalization**  
Ambulance, emergency room services, & approved hospital stays
-  **Dental**  
Teeth cleanings, restorative & other specified dental services
-  **Vision**  
Eye exams & prescription glasses
-  **Mental Health & Substance Use Disorder Services**  
Counseling & treatment
-  **Outpatient Services**  
Physical & occupational therapy, lab services, & x-rays
-  **Prescription Coverage**  
Certain prescriptions may be subject to \$5 copay with a maximum of \$1500 in prescription drug benefits per eligibility period

**Contact your County Social Services Department to apply:**

1-877-652-0731

To learn more about CMSP's benefit programs, visit <http://careinreach.com/>

## Programa de Beneficios de CMSP

*Si te han negado la cobertura de Medi-Cal, aún puedes ser elegible para obtener beneficios de salud. Consulta a un trabajador de elegibilidad de tu condado acerca de la cobertura de salud de CMSP.*

### Reglas de elegibilidad de CMSP

- Tienes que tener entre 21 a 64 años
- Debes vivir en un condado que ofrezca los programas de CMSP
- No se requiere que seas ciudadano estadounidense
- Tienes que tener un ingreso de hasta 300% basado en el FPL (Federal Poverty Level o Nivel Federal de Pobreza)
- Tus bienes personales deben estar valuados hasta:
  - \$20,000 por hogares de 1 persona
  - \$30,000 por hogares de 2 personas
  - \$1,500 adicionales por cada miembro adicional en hogares de más de 2 personas
- No puedes ser elegible para Medi-Cal o Medicare

### Beneficios de Cobertura Médica de CMSP

Resumen de beneficios. Pueden aplicar ciertas limitaciones y restricciones. Para obtener más detalles, puedes consultar la guía para miembros:

-  **Cuidado Primario y Preventivo**  
Cuidados médicos primarios sin costo que incluyen chequeos y visitas al médico ya sea por enfermedad, lesiones u otras consultas
-  **Servicios de Emergencia y Hospitalización**  
Ambulancia, servicios de sala de emergencias y estadías hospitalarias aprobadas
-  **Odontología**  
Limpiezas dentales, restauración y otros servicios dentales especificados
-  **Visión**  
Exámenes de la vista y anteojos recetados
-  **Servicios de Salud Mental y Trastorno por Uso de Sustancias**  
Asesoramiento y tratamiento
-  **Servicios ambulatorios**  
Terapia física y ocupacional, servicios de laboratorio y radiografías
-  **Cobertura de recetas**  
Ciertas recetas médicas pueden estar sujetas a un copago de \$5 con un máximo de \$1500 en beneficios de medicamentos recetados por un determinado período de elegibilidad

**Contacta al Servicio Social de tu Condado para aplicar:**

1-877-652-0731

Para obtener más información sobre los beneficios de los programas de CMSP, visita <http://saludalalcance.com/>

# IMPORTANT INFORMATION ABOUT THE COUNTY MEDICAL SERVICES PROGRAM (CMSP)

PLEASE UNDERSTAND THAT CMSP IS NOT MEDI-CAL & IS NOT INSURANCE.

## CMSP Benefits Summary

*Prior authorization requirements, medical necessity & clinical guidelines, provider network requirements, and/or benefit limits may apply.*

- Acute inpatient hospital care
- Adult day health care services
- Audiology services
- Blood and blood derivatives
- Chronic hemodialysis services
- Specified dental services
- Durable medical equipment
- Emergency air and ground ambulance services
- Hearing aids
- Home health agency services
- Hospital outpatient services
- Laboratory and radiology services
- Medical supplies
- Non-emergency medical transportation when medically necessary
- Occupational therapy services
- Outpatient clinic services
- Outpatient heroin detoxification services
- Pharmaceutical services provided by network pharmacies
- Physical therapy services
- Physician services
- Podiatry services
- Prosthetic and orthotic appliances
- Psychiatric services (inpatient and outpatient) provided by a licensed, in-network psychiatrist
- Speech therapy services

## EXCLUDED BENEFITS:

CMSP **does not cover** the following services:

- Pregnancy-related services (contact your county eligibility office), infertility services (contact F-PACT), long-term care facility services (contact your county eligibility office), chiropractic services, acupuncture services, cosmetic services, sexual reassignment services, vision services, methadone maintenance, and services by a Psychologist, LCSW, MFT, or substance use disorder counselor
- All services provided outside of the State of California and designated border state areas
- Services provided by providers that do not participate in the CMSP network administered by Advanced Medical Management (excluding emergency services) and the MedImpact Healthcare Systems pharmacy network
- Organ transplants for persons who are eligible for CMSP emergency services only under aid code 50

***If you need or desire medical care that is not covered by CMSP, you must pay for it yourself or make other arrangements with the provider.*** Contact your county health department for other possible health care resources available in your county.

**FINDING A PROVIDER:** Only providers participating in the Advanced Medical Management provider network and MedImpact Healthcare Systems (MedImpact) pharmacy network for CMSP are eligible to bill for non-emergency services. If your provider does not participate in one of these networks, and you decide to pay for the services in order to continue seeing that provider, CMSP cannot reimburse you for those services. A person or facility providing care **does not** have to accept CMSP. Find out if a provider is a part of the Advanced Medical Management provider network by calling (877) 589-6807 **before** you go for non-emergency services. Find out if a pharmacy is a part of the MedImpact pharmacy network by calling (800) 788-2949. Payments to providers are considered payment in full for the services that you receive, although these payments may be less than a provider's usual and customary charges. Aside from your possible share-of-cost, you are not obligated to pay any difference between the provider's charges and CMSP rate of payment.

**PRIOR AUTHORIZATIONS & DETERMINATION OF MEDICAL NECESSITY:** Some CMSP services have restrictions or require approval by benefits administrators (Advanced Medical Management and MedImpact) before the services are authorized for payment. Your participating network provider is responsible for requesting the necessary approvals. Physicians seeking prior authorization for medical services should contact Advanced Medical Management. Dentists seeking prior authorization for dental services should contact Advanced Medical Management. Some medical and dental services also have restrictions, such as limits or prior authorization approval.

The Drug Formulary is a list of medications that are covered by the CMSP prescription drug benefit and is available at [www.cmspcounties.org](http://www.cmspcounties.org). Some medications have restrictions, such as quantity limits or prior authorization approval. Physicians seeking prior authorization for selected medications are required to submit a Medication Request Form to MedImpact. The maximum dispensing period for all medications is a 30-day supply.

## IMPORTANT INFORMATION ABOUT CMSP (CONTINUED)

**CERTIFICATION PERIODS:** The length of time you will be eligible to receive CMSP benefits is limited to up to six (6) months for full scope CMSP and six (6) months for CMSP emergency services only from the date of application. One month of retroactive eligibility is also allowed. You'll be notified of this limited certification period at the time of enrollment. If you need to continue services beyond your certification period, you will need to reapply for CMSP.

**USING YOUR CARD:** After enrollment in CMSP, you will receive a plastic State of California Benefits Identification Card (BIC) and CMSP ID Card. ***You should always carry your BIC and CMSP ID cards with you and show the cards to your providers when you receive care.*** Your providers will use the plastic BIC card to identify you and process your share-of-cost (SOC), if any. Your provider will use the CMSP card to bill for services. In an emergency, obtain medical care immediately, even if you do not have your ID cards with you. Remember to tell the provider that you are covered by CMSP and show the provider the cards as soon as possible. Your cards may be used **only by you** to receive care.

***Misuse of these cards could result in a reduction of your benefits, termination of your eligibility, and/or prosecution.***

**BENEFIT APPEALS:** If you are dissatisfied with any decisions regarding a benefit denial or reduction or the termination of a previously approved benefit under CMSP, you have the right to appeal that decision to Advanced Medical Management (medical or dental benefits) or to MedImpact (prescription drug benefit) within sixty (60) calendar days. After you have exhausted the appeal process, if you are not satisfied with the outcome of your appeal, you have the right to request a Medical Benefit Hearing within 30 calendar days of the notification by Advanced Medical Management or MedImpact of the appeal decision. You can request the Medical Benefit Hearing Request form (CMSP 1175A) from your county worker. Mail or fax the completed CMSP 1175A to the address listed on the form.

**ELIGIBILITY HEARING:** If you are dissatisfied with any action taken or not taken regarding your eligibility under CMSP, you have the right to an eligibility hearing to appeal the decision. You must request an eligibility hearing from your county eligibility office within thirty (30) calendar days of the date the Notice of Action (NOA) was mailed to you. If you do not receive a NOA, you must request the eligibility hearing within thirty (30) calendar days of the date that you became aware of the action in which you were dissatisfied. More information about these steps is located on the back of the NOA.

**SHARE-OF-COST (SOC):** Some persons eligible for CMSP have a SOC obligation. If you have a SOC, you must pay, or agree to pay, part of your monthly income toward your medical expenses in the month of service before CMSP will pay for covered benefits. Your county worker will explain how this works.

**OTHER PUBLICLY FUNDED HEALTH COVERAGE:** As a condition of eligibility, all applicants for CMSP shall apply for, pursue, and retain eligibility for Medi-Cal, Medicare, coverage available under Covered California with public subsidies, or other available public health care benefits coverage which may be available to them. Further, all CMSP applicants and enrolled members shall report to the county any entitlement to other health coverage at the time of application, reapplication or redetermination, and report any change in entitlement no later than 10 calendar days from the date the applicant or member was notified of the change.

**THIRD PARTY LIABILITY:** You are required to report to your county eligibility office when CMSP will be billed for health care services you received as a result of an accident or injury caused by a person's action or failure to act.

**ENFORCEMENT OF CMSP AS A SECONDARY PAYER:** CMSP is the "provider of last resort." If you have HIV, AIDS, Hepatitis C, Breast or Cervical Cancer, certain genetic conditions (including but not limited to Hemophilia, Cystic Fibrosis, Sickle Cell Disease), or are seeking family planning or infertility services, you may be eligible for services through other programs. The other programs are:

1. California AIDS Drug Assistance Program (ADAP) – for information, call (888) 311-7632.
2. Family Planning, Access, Care, and Treatment Program (F-PACT) – for information, call (800) 942-1054.
3. Hepatitis C – Drug Company Patient Assistance Programs (PAPs) – for information, call (888) 477-2669; information is available on the internet at: [www.pparx.org](http://www.pparx.org). Your medical provider may also be able to provide information.
4. Breast and Cervical Cancer Treatment Program (BCCTP) – for information call (800) 824-0088.
5. Genetically Handicapped Persons Program (GHPP) – for information call (800) 639-0597.

If applicable, you must use these programs before receiving services from CMSP. If you need services, including prescriptions that are covered by any of these programs, your provider will need to provide documentation that you were not eligible to receive services from these programs. *Without this proof, services related to medical conditions covered by the above programs will be denied.* Further information on CMSP as a secondary payer can be found at [www.cmspcounties.org](http://www.cmspcounties.org).



**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration form.)
- No. I do not want to register to vote.

**NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

**Important Notices**

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at [www.sos.ca.gov](http://www.sos.ca.gov).

01/13 NVRA Voter Preference Form

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\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
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